

# **Health and Human Services Appropriations Bill House File 2463**

Last Action:

**House Floor**

April 10, 2014

**An Act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, and including effective date and retroactive and other applicability date provisions.**

**Fiscal Services Division  
Legislative Services Agency**

## **NOTES ON BILLS AND AMENDMENTS (NOBA)**

Available on line at <http://www.legis.iowa.gov/LSA/Reports/noba.aspx>  
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**FUNDING SUMMARY*****Appropriations Total***

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**General Fund FY 2015:** Appropriates a total of \$1,858.4 million from the General Fund and 5,239.6 FTE positions to the Department on Aging (IDA), Departments of Public Health (DPH), Human Services (DHS), Veterans Affairs (IVA), and the Iowa Veterans Home (IVH). This is an increase of \$107.4 million and a decrease of 104.5 FTE positions compared to estimated FY 2014.

**Other Funds FY 2015:** Appropriates a total of \$431.8 million from other funds. This is a decrease of \$43.0 million compared to estimated FY 2014.

***General Fund - Department of Human Services***

Appropriates \$1,775.9 million and 5,006.61 FTE positions. This is an increase of \$105.9 million and a decrease of 93.1 FTE positions compared to estimated FY 2014.

Page 22, Line 34

***General Fund - Department of Public Health***

Appropriates \$58.8 million and 181.00 FTE positions. This is an increase of \$766,000 and a decrease of 14.40 FTE positions compared to estimated FY 2014.

Page 3, Line 28

***General Fund - Department of Veterans Affairs and Iowa Veterans Home***

Appropriates \$12.2 million and 13.0 FTE positions. This is an increase of \$900,000 and no change in FTE positions compared to estimated FY 2014.

Page 21, Line 12

***General Fund - Department on Aging***

Appropriates \$10.6 million and 28.0 FTE positions. This is no change in funding and an increase of 2.9 FTE positions compared to estimated FY 2014.

Page 1, Line 3

***General Fund - Office of Long-Term Ombudsman***

Appropriates \$822,000 and 11.0 FTE positions. This is a decrease of \$200,000 and an increase of 0.1 FTE positions compared to estimated FY 2014.

Page 3, Line 5

*Other Fund Appropriations*

Appropriates \$140.6 million from the Temporary Assistance for Needy Families (TANF) Block Grant. This is an increase of \$1.8 million compared to estimated FY 2014.	Page 23, Line 1
Appropriates \$221.8 million from the Health Care Trust Fund. This is a decrease of \$2.7 million compared to estimated FY 2014.	Page 34, Line 21
Appropriates \$5.5 million from the Pharmaceutical Settlement Account. This is a decrease of \$1.2 million compared to estimated FY 2014.	Page 64, Line 28
Appropriates \$29.2 million from the Quality Assurance Trust Fund. This is an increase of \$407,000 compared to estimated FY 2014.	Page 65, Line 8

**NEW PROGRAMS, SERVICES, OR ACTIVITIES**

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*Department of Human Services*

Establishes an electronic asset, income, and identity eligibility verification system for individuals that apply for Medicaid on the basis of being aged, blind, or disabled.	Page 76, Line 34
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*Department of Inspections and Appeals*

Establishes a Division of Mental Health Advocate in the Department of Inspections and Appeals (DIA).	Page 78, Line 27
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*Department of Public Health*

Implements a Psychiatric Practice Model in the Primary Care Physician Residency Program at the University of Iowa.	Page 19, Line 3
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**MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS**

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*Department of Human Services*

A General Fund increase of \$696,000 for the Child Support Recovery Unit.	Page 33, Line 15
A General Fund increase of \$104.1 million for the Medicaid Program.	Page 34, Line 32
A General Fund increase of \$4.8 million for Medical Contracts.	Page 36, Line 28

A General Fund decrease of \$2.4 million for the State Supplementary Assistance Program.	Page 38, Line 6
A General Fund increase of \$9.1 million for State Children's Health Insurance Program (hawk-i Program).	Page 39, Line 3
A General Fund decrease of \$17.1 million for Child Care Assistance.	Page 39, Line 32
A General Fund decrease of \$7.8 million for Juvenile Institutions.	Page 42, Line 29
A General Fund increase of \$5.1 million for children adjudicated as delinquent or Children in Need of Assistance (CINA).	Page 43, Line 30
A General Fund increase of \$4.2 million for Child and Family Services.	Page 45, Line 7
A General Fund increase of \$1.9 million for Adoption Subsidy.	Page 52, Line 19
A General Fund decrease of \$14,000 for the Family Support Subsidy Program.	Page 53, Line 10
A General Fund increase of \$291,000 for the four Mental Health Institutes.	Page 54, Line 12
A General Fund increase of \$1.9 million for the two State Resource Centers.	Page 55, Line 9
A General Fund increase of \$498,000 for the Civil Commitment Unit for Sexual Offenders.	Page 56, Line 23
A General Fund decrease of \$25,000 for General Administration.	Page 58, Line 11
A General Fund increase of \$735,000 for the Mental Health and Disability Services Equalization distribution.	Page 69, Line 9

***Department of Public Health***

A General Fund decrease of \$75,000 for Addictive Disorders.	Page 4, Line 3
A General Fund increase of \$18,000 for Healthy Children and Families.	Page 8, Line 17
A General Fund decrease of \$40,000 for Chronic Conditions.	Page 10, Line 32

A General Fund increase of \$722,000 for Community Capacity. Page 13, Line 1

A General Fund increase of \$141,000 for Public Protection. Page 19, Line 34

***Department of Veterans Affairs***

A General Fund increase of \$900,000 for the Home Ownership Assistance Program. Page 22, Line 14

**STUDIES AND INTENT**

***Department of Human Services***

Specifies that it is the intent of the General Assembly to provide sufficient funding for the Child Care Assistance Program for FY 2015 to avoid the establishment of a waiting list. Page 41, Line 34

Specifies that it is the intent of the General Assembly that the Department make every possible effort to fill Field Operations vacancies positions authorized. Page 57, Line 28

Requires the DHS and the Department of Education Vocational Rehabilitation Division to jointly develop protocols and program models to integrate employment-related services for persons with disabilities through federal matching Vocational Rehabilitation funds. Page 71, Line 1

Requires the DHS to expand on the study regarding a hospital bed tracking system for psychiatric and substance-related placements. Page 71, Line 14

Requires the DHS to convene a group to study community-based placement options for persons with serious mental illness to divert them from institutional placements. Page 72, Line 3

Requires the DHS, the DPH, and the Department of Corrections (DOC), to implement an interagency collaborative effort to provide an integrated approach to address the medical and psychosocial needs of individuals released from correctional facilities. Page 77, Line 22

***Department of Public Health***

Specifies it is the intent of the General Assembly that individuals with a diagnosis of both substance abuse and gambling addiction be given priority in treatment services from the funds appropriated for substance abuse and problem gambling. Page 7, Line 14

## EXECUTIVE SUMMARY

### HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

HOUSE FILE 2463

Implements legislative intent for [Iowa code section 135.106](#), HOPES-HFI, and [Iowa code section 256I.9](#), Early Childhood Iowa. Priority for Home Visitation Program funding is to be given to programs using evidence-based or promising models for home visitation.

Page 8, Line 32

#### *Department of Public Health*

Directs the University of Iowa College of Dentistry to create a proposal for a Geriatric Dentistry Residency Program that will include curriculum, number of residences, cost, funding sources, and incentives for the participants to stay and practice in the State upon completion of the Program.

Page 10, Line 17

Requires the DHS to submit a report to the Governor and the LSA concerning the status of juvenile delinquent girls in out-of-home placements between the dates of December 1, 2013, and December 1, 2014. The report must include placement histories, reasons for placements, education services status, treatment of youth, and recommendations for the Legislature.

Page 44, Line 21

## SIGNIFICANT CODE CHANGES

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#### *Department of Human Services*

Requires the DHS to report annually to the Auditor, on or before November 1, detailing the charges and costs incurred by each county for office space and for providing supplies and equipment and the amounts reimbursed by the DHS.

Page 73, Line 19

Lowers the nursing facility occupancy rate to 50.0% to allow families to supplement nursing facility residents for a private room.

Page 76, Line 18

#### *Department of Public Health*

Directs the DPH to include physical therapists as approved professionals eligible for the Primary Care Recruitment and Retention Endeavor (PRIMECARRE) Program.

Page 19, Line 3

Directs the DHS to implement a new health services initiative under the Children's Health Insurance Program (CHIP) to provide funding for the State Poison Control Center. Allows the Center to transfer as much funding as needed for the purpose of receiving matching federal funds.

Page 20, Line 19

#### *Iowa Insurance Division*

Requires the Commissioner of Insurance to develop a standard form to obtain prior authorization for

Page 87, Line 12

prescription drug benefits under a health benefit plan by January 1, 2015

**EFFECTIVE DATE**

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*Department of Human Services*

The Division making changes to the Medical Residency Program, the Consumer-Directed Attendant Care (CDAC) Program under Medicaid, the Autism Program, the Foster Care Respite Program, and Community Mental Health Center (CMHC) Reimbursement is effective on enactment.

Page 68, Line 29

The Section relating to CDAC is retroactive to July 1, 2013.

Page 68, Line 32

The Sections relating to CMHC reimbursement are retroactive to July 1, 2013.

Page 69, Line 1

The Division creating a third-party Medicaid asset, income, and identity verification system is effective on enactment.

Page 77, Line 19

*Department of Inspections and Appeals*

The Division that implements the new Division of Mental Health Advocates and makes conforming Code changes for the shift of the Advocates is effective July 1, 2015.

Page 87, Line 8

House File 2463 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
72	23	63	Amend	331.388.3
72	31	64	Add	331.391.4
73	11	65	Amend	331.397.4.d
73	19	66	Add	331.424A.3A
73	29	67	Amend	426B.3.4
74	22	68	Amend	426B.3.5.b
76	18	70	Amend	249A.4.10.b.(6)
76	24	71	Amend	256I.8.3
78	29	75	New	10A.901
79	1	76	New	10A.902
80	30	78	Amend	225C.4.1.m
81	3	79	Amend	226.31
81	20	80	Amend	229.2.1.b.(6)
81	28	81	Amend	229.9A
82	4	82	Amend	229.12.2
82	16	83	Amend	229.14A.1
82	29	84	Amend	229.14A.5.c
82	35	85	Amend	229.15.6
83	12	86	Amend	229.19
86	31	87	Amend	229.25.1.a.(1)
87	12	90	New	505.26

1 1 DIVISION I  
 1 2 DEPARTMENT ON AGING  
 1 3 Section 1. 2013 Iowa Acts, chapter 138, section 131, is  
 1 4 amended to read as follows:

1 5 SEC. 131. DEPARTMENT ON AGING. There is appropriated from  
 1 6 the general fund of the state to the department on aging for  
 1 7 the fiscal year beginning July 1, 2014, and ending June 30,  
 1 8 2015, the following amount, or so much thereof as is necessary,  
 1 9 to be used for the purposes designated:

1 10 For aging programs for the department on aging and area  
 1 11 agencies on aging to provide citizens of Iowa who are 60 years  
 1 12 of age and older with case management for frail elders, Iowa's  
 1 13 aging and disabilities resource center, and other services  
 1 14 which may include but are not limited to adult day services,  
 1 15 respite care, chore services, information and assistance,  
 1 16 and material aid, for information and options counseling for  
 1 17 persons with disabilities who are 18 years of age or older,  
 1 18 and for salaries, support, administration, maintenance, and  
 1 19 miscellaneous purposes, and for not more than the following  
 1 20 full-time equivalent positions:

1 21	.....	\$	5,300,190
1 22			<u>10,606,066</u>
1 23	.....	FTEs	28.00

1 24 1. Funds appropriated in this section may be used to  
 1 25 supplement federal funds under federal regulations. To  
 1 26 receive funds appropriated in this section, a local area  
 1 27 agency on aging shall match the funds with moneys from other  
 1 28 sources according to rules adopted by the department. Funds  
 1 29 appropriated in this section may be used for elderly services  
 1 30 not specifically enumerated in this section only if approved  
 1 31 by an area agency on aging for provision of the service within  
 1 32 the area.

1 33 2. Of the funds appropriated in this section, ~~\$439,973~~  
 1 34 \$279,946 is transferred to the economic development authority  
 1 35 for the Iowa commission on volunteer services to be used for  
 2 1 the retired and senior volunteer program.

2 2 3. a. The department on aging shall establish and enforce  
 2 3 procedures relating to expenditure of state and federal funds  
 2 4 by area agencies on aging that require compliance with both  
 2 5 state and federal laws, rules, and regulations, including but  
 2 6 not limited to all of the following:  
 2 7 (1) Requiring that expenditures are incurred only for goods

General Fund appropriation to the Department on Aging for FY 2015.  
  
 DETAIL: This is no change in funding and a general increase of 2.90 FTE positions compared to estimated FY 2014. The increase in FTE positions matches the FTE positions appropriated in FY 2014, but may not have been filled due to staff turnover.

Permits the use of funds appropriated in this Section to supplement federal funds for elderly services if those services are approved by an Area Agency on Aging (AAA). Requires local AAAs to match the funds for aging programs and services.

Requires a transfer of \$279,946 to the Iowa Commission on Volunteer Services in the Iowa Economic Development Authority for the Retired Senior Volunteer Program (RSVP).

DETAIL: This is no change compared to the FY 2014 allocation.

Requires the Department on Aging to establish and enforce procedures related to expenditures of State and federal funds and to complying with both State and federal law. An AAA is liable for any expenditures that are not in compliance with the law.

2 8 or services received or performed prior to the end of the  
2 9 fiscal period designated for use of the funds.

2 10 (2) Prohibiting prepayment for goods or services not  
2 11 received or performed prior to the end of the fiscal period  
2 12 designated for use of the funds.

2 13 (3) Prohibiting the prepayment for goods or services  
2 14 not defined specifically by good or service, time period, or  
2 15 recipient.

2 16 (4) Prohibiting the establishment of accounts from which  
2 17 future goods or services which are not defined specifically by  
2 18 good or service, time period, or recipient, may be purchased.

2 19 b. The procedures shall provide that if any funds are  
2 20 expended in a manner that is not in compliance with the  
2 21 procedures and applicable federal and state laws, rules, and  
2 22 regulations, and are subsequently subject to repayment, the  
2 23 area agency on aging expending such funds in contravention of  
2 24 such procedures, laws, rules and regulations, not the state,  
2 25 shall be liable for such repayment.

2 26 4. Of the funds appropriated in this section, ~~\$125,000~~  
2 27 \$250,000 shall be used to fund ~~services to meet the unmet needs~~  
2 28 ~~of older individuals as identified in the annual compilation~~  
2 29 ~~of unmet service units by the area agencies on aging through~~  
2 30 Iowa's aging and disability resource center network.

Allocates \$250,000 to be used to meet the unmet needs of older individuals as identified through Iowa's Aging and Disability Resource Network.

DETAIL: This is no change compared to the FY 2014 allocation.

2 31 5. Of the funds appropriated in this section, ~~\$300,000~~  
2 32 \$600,000 shall be used to fund home and community-based  
2 33 services through the area agencies on aging that enable older  
2 34 individuals to avoid more costly utilization of residential or  
2 35 institutional services and remain in their own homes.

Allocates an additional \$600,000 to be used for Home and Community-Based Services provided through an AAA.

DETAIL: This is no change compared to the FY 2014 allocation.

3 1 6. Of the funds appropriated in this subsection, ~~\$10,000~~  
3 2 \$20,000 shall be used for ~~implementation~~ continuation of a  
3 3 guardianship and conservatorship monitoring and assistance  
3 4 pilot project as specified in this 2013 Act.

Allocates \$20,000 for the guardianship and conservatorship monitoring, and assistance pilot project.

DETAIL: This is no change compared to the FY 2014 allocation. This is the second year of the pilot project.

3 5 DIVISION II  
3 6 OFFICE OF LONG-TERM CARE OMBUDSMAN

3 7 Sec. 2. 2013 Iowa Acts, chapter 138, section 132, is amended  
3 8 to read as follows:  
3 9 SEC. 132. OFFICE OF LONG-TERM CARE ~~—RESIDENT'S ADVOCATE~~  
3 10 OMBUDSMAN . There is appropriated from the general fund of  
3 11 the state to the office of long-term care ~~resident's advocate~~  
3 12 ombudsman for the fiscal year beginning July 1, 2014, and

General Fund appropriation to the Office of Long-Term Care Ombudsman for FY 2015.

DETAIL: This is a decrease of \$200,000 and an increase of 0.10 FTE position compared to estimated FY 2014. The decrease reflects the Governor's veto of two additional Long-Term Care Ombudsman from

3 13 ending June 30, 2015, the following amount, or so much thereof  
 3 14 as is necessary, to be used for the purposes designated:  
 3 15 For salaries, support, administration, maintenance, and  
 3 16 miscellaneous purposes, and for not more than the following  
 3 17 full-time equivalent positions:

3 18	.....	\$	510,854
3 19	.....		821,707
3 20	.....	FTEs	43.00
3 21	.....		11.00

HF 446 (FY 2014 Health and Human Services Appropriations Act).

3 22 2. Of the funds appropriated in this section, ~~\$105,000~~  
 3 23 \$210,000 shall be used to provide two local long-term care  
 3 24 ~~resident's advocates ombudsmen~~ to administer the certified  
 3 25 volunteer long-term care ~~resident's advocates ombudsman~~ program  
 3 26 pursuant to section 231.45, including operational certification  
 3 27 and training costs.

Allocates \$210,000 for Local Long-Term Care Ombudsman to administer the Certified Volunteer Long-Term Care Ombudsman Program.

DETAIL: This is no change compared to the FY 2014 allocation.

3 28 DIVISION III  
 3 29 DEPARTMENT OF PUBLIC HEALTH

3 30 Sec. 3. 2013 Iowa Acts, chapter 138, section 133, is amended  
 3 31 to read as follows:  
 3 32 SEC. 133. DEPARTMENT OF PUBLIC HEALTH. There is  
 3 33 appropriated from the general fund of the state to the  
 3 34 department of public health for the fiscal year beginning July  
 3 35 1, 2014, and ending June 30, 2015, the following amounts, or  
 4 1 so much thereof as is necessary, to be used for the purposes  
 4 2 designated:

This Division appropriates funds to the Department of Public Health (DPH).

4 3 1. ADDICTIVE DISORDERS  
 4 4 For reducing the prevalence of use of tobacco, alcohol, and  
 4 5 other drugs, and treating individuals affected by addictive  
 4 6 behaviors, including gambling, and for not more than the  
 4 7 following full-time equivalent positions:

4 8	.....	\$	43,581,845
4 9	.....		27,088,690
4 10	.....	FTEs	43.00
	.....	FTEs	10.00

General Fund appropriation to Addictive Disorders programs.

DETAIL: This is a decrease of \$75,000 and 3.0 FTE positions compared to estimated FY 2014. The General Fund changes include:

- A decrease of \$50,000 for tobacco social media funding.
- A decrease of \$25,000 for tobacco education materials.

4 11 a. (1) Of the funds appropriated in this subsection,  
 4 12 ~~\$2,574,184~~ \$5,073,361 shall be used for the tobacco use  
 4 13 prevention and control initiative, including efforts at the  
 4 14 state and local levels, as provided in chapter 142A. The  
 4 15 commission on tobacco use prevention and control established  
 4 16 pursuant to section 142A.3 shall advise the director of  
 4 17 public health in prioritizing funding needs and the allocation  
 4 18 of moneys appropriated for the programs and activities of  
 4 19 the initiative under this subparagraph (1) and shall make  
 4 20 recommendations to the director in the development of budget

Allocates \$5,073,361 for tobacco use, prevention, cessation, and treatment.

DETAIL: This is a decrease of \$75,000 compared to the FY 2014 allocation.

4 21	requests relating to the initiative.	
4 22 4 23 4 24 4 25 4 26	(2) Of the funds allocated in this paragraph "a", <del>\$37,500 shall be used to develop a social media structure to engage youth and prevent youth initiation of tobacco use. Of the amount allocated in this subparagraph (2), \$12,500</del> <u>\$25,000</u> shall be used for a youth summit.	Allocates \$25,000 to be used for a Youth Summit.  DETAIL: This is no change compared to the FY 2014 allocation for the Youth Summit. However, the FY 2014 allocation of \$50,000 for social media structure has been removed.
4 27 4 28 4 29 4 30 4 31 4 32	(3) Of the funds allocated in this paragraph "a", <del>\$100,000</del> <u>\$200,000</u> shall be used to increase the efficacy of local tobacco control efforts by community partnerships, including through professional development, regional trainings and round table planning efforts, and a training opportunity involving all community partnerships.	Allocates \$200,000 for local tobacco control community partnerships.  DETAIL: This is no change compared to the FY 2014 allocation.
4 33 4 34 4 35 5 1 5 2	(4) Of the funds allocated in this paragraph "a", <del>\$600,000</del> <u>\$1,950,000</u> shall be used to promote smoking cessation and to reduce the number of tobacco users in the state by offering nicotine replacement therapy to uninsured and underinsured lowans.	Allocates \$1,950,000 to be used for smoking cessation nicotine replacement therapy for uninsured and underinsured lowans.  DETAIL: This is no change compared to the FY 2014 allocation.
5 3 5 4 5 5 5 6 5 7 5 8 5 9	(5) (a) Of the funds allocated in this paragraph "a", <del>\$226,534</del> <u>\$453,067</u> is transferred to the alcoholic beverages division of the department of commerce for enforcement of tobacco laws, regulations, and ordinances and to engage in tobacco control activities approved by the division of tobacco use prevention and control as specified in the memorandum of understanding entered into between the divisions.	Transfers \$453,067 to the Alcoholic Beverages Division (ABD) of the Department of Commerce for enforcement of tobacco laws, regulations, and ordinances per provisions in <a href="#">Iowa Code chapter 63</a> .  DETAIL: This is no change compared to the FY 2014 allocation.
5 10 5 11 5 12 5 13 5 14 5 15 5 16 5 17 5 18 5 19 5 20	(b) For the fiscal year beginning July 1, 2014, and ending June 30, 2015, the terms of the memorandum of understanding, entered into between the division of tobacco use prevention and control of the department of public health and the alcoholic beverages division of the department of commerce, governing compliance checks conducted to ensure licensed retail tobacco outlet conformity with tobacco laws, regulations, and ordinances relating to persons under eighteen years of age, shall <u>continue to</u> restrict the number of such checks to one check per retail outlet, and one additional check for any retail outlet found to be in violation during the first check.	Limits tobacco compliance checks by the ABD to one annually per retail outlet and one additional check for any retail outlet found to be in violation during the first check.
5 21 5 22 5 23 5 24 5 25	b. Of the funds appropriated in this subsection, <del>\$11,007,665</del> <u>\$22,015,329</u> shall be used for problem gambling and substance-related disorder prevention, treatment, and recovery services, including a 24-hour helpline, public information resources, professional training, and program evaluation.	Allocates \$22,015,329 for problem gambling and substance abuse treatment and prevention.  DETAIL: This is no change compared to the FY 2014 allocation.
5 26	(1) Of the funds allocated in this paragraph "b", <del>\$9,451,858</del>	Allocates \$18,903,715 for substance abuse prevention and treatment.

<p>5 27 <u>\$18,903,715</u> shall be used for substance-related disorder 5 28 prevention and treatment.</p>	<p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>5 29 (a) Of the funds allocated in this subparagraph (1), 5 30 <del>\$449,650</del> <u>\$899,300</u> shall be used for the public purpose of a 5 31 grant program to provide substance-related disorder prevention 5 32 programming for children.</p>	<p>Allocates \$899,300 for substance abuse prevention programs for children and youth.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>5 33 (i) Of the funds allocated in this subparagraph division 5 34 (a), <del>\$213,770</del> <u>\$427,539</u> shall be used for grant funding for 5 35 organizations that provide programming for children by 6 1 utilizing mentors. Programs approved for such grants shall be 6 2 certified or will be certified within six months of receiving 6 3 the grant award by the Iowa commission on volunteer services as 6 4 utilizing the standards for effective practice for mentoring 6 5 programs.</p>	<p>Allocates \$427,539 for children's substance abuse prevention to be used for programs that utilize mentors.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation. Requires the programs receiving funding to be certified, within six months of receiving grants, by the Iowa Commission on Volunteer Services as using effective standards for mentoring programs.</p>
<p>6 6 (ii) Of the funds allocated in this subparagraph division 6 7 (a), <del>\$213,420</del> <u>\$426,839</u> shall be used for grant funding for 6 8 organizations that provide programming that includes youth 6 9 development and leadership. The programs shall also be 6 10 recognized as being programs that are scientifically based with 6 11 evidence of their effectiveness in reducing substance-related 6 12 disorders in children.</p>	<p>Allocates \$426,839 for children's substance abuse prevention programs that provide services that include youth and character development and leadership.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation. Requires the programs to be recognized as scientifically-based with evidence of effectiveness in reducing substance abuse in children.</p>
<p>6 13 (iii) The department of public health shall utilize a 6 14 request for proposals process to implement the grant program.</p>	<p>Requires the Department to issue a Request for Proposals (RFP) to determine grant recipients for the funds allocated for substance abuse prevention programs for children.</p>
<p>6 15 (iv) All grant recipients shall participate in a program 6 16 evaluation as a requirement for receiving grant funds.</p>	<p>Requires substance abuse prevention programs for children grant recipients to participate in program evaluations.</p>
<p>6 17 (v) Of the funds allocated in this subparagraph division 6 18 (a), up to <del>\$22,461</del> <u>\$44,922</u> may be used to administer 6 19 substance-related disorder prevention grants and for program 6 20 evaluations.</p>	<p>Allows up to \$44,922 of the amount allocated for substance abuse prevention programs for children to be used to administer prevention program grants and program evaluations.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>6 21 (b) Of the funds allocated in this subparagraph (1), 6 22 <del>\$136,302</del> <u>\$272,603</u> shall be used for culturally competent 6 23 substance-related disorder treatment pilot projects.</p>	<p>Allocates \$272,603 for at least three culturally competent substance abuse treatment pilot projects.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation. Requires each pilot project to target a particular ethnic minority population, including and not limited to African American, Asian, and</p>

	Latino.
<p>6 24 (i) The department shall utilize the amount allocated  6 25 in this subparagraph division (b) for at least three pilot  6 26 projects to provide culturally competent substance-related  6 27 disorder treatment in various areas of the state. Each pilot  6 28 project shall target a particular ethnic minority population.  6 29 The populations targeted shall include but are not limited to  6 30 African American, Asian, and Latino.  6 31 (ii) The pilot project requirements shall provide for  6 32 documentation or other means to ensure access to the cultural  6 33 competence approach used by a pilot project so that such  6 34 approach can be replicated and improved upon in successor  6 35 programs.</p>	Requires culturally competent substance abuse treatment pilot projects to provide for documentation of program approaches so that future program projects can be replicated and improved upon.
<p>7 1 (2) Of the funds allocated in this paragraph "b", up  7 2 to <del>\$1,555,807</del> <u>\$3,111,614</u> may be used for problem gambling  7 3 prevention, treatment, and recovery services.</p>	<p>Allocates \$3,111,614 for problem gambling treatment, prevention, and recovery services.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>7 4 (a) Of the funds allocated in this subparagraph (2),  7 5 <del>\$1,286,884</del> <u>\$2,573,762</u> shall be used for problem gambling  7 6 prevention and treatment.</p>	<p>Allocates \$2,573,762 for problem gambling prevention and treatment.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>7 7 (b) Of the funds allocated in this subparagraph (2), up to  7 8 <del>\$248,926</del> <u>\$437,852</u> may be used for a 24-hour helpline, public  7 9 information resources, professional training, and program  7 10 evaluation.</p>	<p>Allocates up to \$437,852 for a 24-hour helpline, public information resources, professional training, and program evaluation.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>7 11 (c) Of the funds allocated in this subparagraph (2), up  7 12 to <del>\$50,000</del> <u>\$100,000</u> may be used for the licensing of problem  7 13 gambling treatment programs.</p>	<p>Permits the Department to use up to \$100,000 for licensing of problem gambling treatment programs.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>7 14 (3) It is the intent of the general assembly that from the  7 15 moneys allocated in this paragraph "b", persons with a dual  7 16 diagnosis of substance-related disorder and gambling addiction  7 17 shall be given priority in treatment services.</p>	Specifies that it is the intent of the General Assembly for individuals with a diagnosis of both substance abuse and gambling addiction to be given priority in treatment services from the funds appropriated to substance abuse and problem gambling.
<p>7 18 c. Notwithstanding any provision of law to the contrary,  7 19 to standardize the availability, delivery, cost of delivery,  7 20 and accountability of problem gambling and substance-related  7 21 disorder treatment services statewide, the department shall  7 22 continue implementation of a process to create a system  7 23 for delivery of treatment services in accordance with the</p>	Requires the DPH to implement a process to create a standardized system for delivery of treatment services. Requires the process to include the establishment of joint licensure for gambling and substance abuse treatment programs.

7 24 requirements specified in 2008 Iowa Acts, chapter 1187, section  
 7 25 3, subsection 4. To ensure the system provides a continuum  
 7 26 of treatment services that best meets the needs of Iowans,  
 7 27 the problem gambling and substance-related disorder treatment  
 7 28 services in any area may be provided either by a single agency  
 7 29 or by separate agencies submitting a joint proposal.

7 30 (1) The system for delivery of substance-related disorder  
 7 31 and problem gambling treatment shall include problem gambling  
 7 32 prevention.

Requires the system of delivery for substance abuse and problem gambling treatment to include problem gambling prevention.

7 33 (2) The system for delivery of substance-related disorder  
 7 34 and problem gambling treatment shall include substance-related  
 7 35 disorder prevention by July 1, 2015.

Requires the DPH to expand the system for delivery of substance abuse and problem gambling treatment and prevention to include substance abuse prevention by July 1, 2015.

8 1 (3) Of the funds allocated in paragraph "b", the department  
 8 2 may use up to ~~\$50,000~~ \$100,000 for administrative costs to  
 8 3 continue developing and implementing the process in accordance  
 8 4 with this paragraph "c".

Permits the DPH to use up to \$100,000 for administrative costs to continue the process of developing the system for delivery of substance abuse and problem gambling treatment and prevention programming.

DETAIL: This is no change compared to the FY 2014 allocation.

8 5 d. The requirement of section 123.53, subsection 5, is met  
 8 6 by the appropriations and allocations made in this 2014 Act for  
 8 7 purposes of substance-related disorder treatment and addictive  
 8 8 disorders for the fiscal year beginning July 1, 2014.

Specifies the requirements of [Iowa code section 123.53\(5\)](#) are met by the appropriations made in this Act.

8 9 e. The department of public health shall work with all  
 8 10 other departments that fund substance-related disorder  
 8 11 prevention and treatment services and all such departments  
 8 12 shall, to the extent necessary, collectively meet the state  
 8 13 maintenance of effort requirements for expenditures for  
 8 14 substance-related disorder services as required under the  
 8 15 federal substance-related disorder prevention and treatment  
 8 16 block grant.

Requires the DPH to work with other State entities that provide funding for substance abuse treatment and prevention services to collectively meet the State Maintenance of Effort (MOE) requirements for the federal Substance Abuse Prevention and Treatment Block Grant.

8 17 2. HEALTHY CHILDREN AND FAMILIES

8 18 For promoting the optimum health status for children,  
 8 19 adolescents from birth through 21 years of age, and families,  
 8 20 and for not more than the following full-time equivalent  
 8 21 positions:

General Fund appropriation to Healthy Children and Families programs.

8 22 .....	\$	1,826,780
8 23 .....		<u>3,671,602</u>
8 24 .....	FTEs	44.00
	FTEs	<u>12.00</u>

DETAIL: This is a net increase of \$18,043 and a decrease of 2.00 FTE positions compared to estimated FY 2014. The General Fund changes include:

- An increase of \$43,043 for a donated dental services program for indigent elderly and disabled individuals
- A decrease of \$25,000 to the Audiological Services for Kids

Program.

8 25 a. Of the funds appropriated in this subsection, not  
 8 26 more than ~~\$367,424~~ \$734,841 shall be used for the healthy  
 8 27 opportunities for parents to experience success (HOPES)-healthy  
 8 28 families Iowa (HFI) program established pursuant to section  
 8 29 135.106. The funding shall be distributed to renew the grants  
 8 30 that were provided to the grantees that operated the program  
 8 31 during the fiscal year ending June 30, 2014.

Limits the General Fund amount used to fund the Healthy Opportunities to Experience Success - Healthy Families Iowa (HOPES-HFI) program to \$734,841.

DETAIL: This is no change compared to the FY 2014 allocation. Requires funds to be distributed to the grantees that received funding in FY 2014.

8 32 b. In order to implement the legislative intent stated in  
 8 33 sections 135.106 and 256I.9, that priority for home visitation  
 8 34 program funding be given to programs using evidence-based or  
 8 35 promising models for home visitation, it is the intent of the  
 9 1 general assembly to phase in the funding priority in accordance  
 9 2 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,  
 9 3 paragraph 0b.

Implements legislative intent for [Iowa code section 135.106](#), HOPES-HFI, and [Iowa code section 256I.9](#), Early Childhood Iowa. Priority for Home Visitation Program funding is to be given to programs using evidence-based or promising models for home visitation.

9 4 c. Of the funds appropriated in this subsection, ~~\$663,944~~  
 9 5 \$1,327,887 shall be used to continue the department's  
 9 6 initiative to provide for adequate developmental surveillance  
 9 7 and screening during a child's first five years statewide. The  
 9 8 funds shall be used first to fully fund the current sites to  
 9 9 ensure that the sites are fully operational, with the remaining  
 9 10 funds to be used for expansion to additional sites. The full  
 9 11 implementation and expansion shall include enhancing the scope  
 9 12 of the program through collaboration with the child health  
 9 13 specialty clinics to promote healthy child development through  
 9 14 early identification and response to both biomedical and social  
 9 15 determinants of healthy development; by developing child  
 9 16 health metrics to inform practice, document long-term health  
 9 17 impacts and savings, and provide for continuous improvement  
 9 18 through training, education, and evaluation; and by providing  
 9 19 for practitioner consultation particularly for children with  
 9 20 behavioral conditions and needs. The department of public  
 9 21 health shall also collaborate with the Iowa Medicaid enterprise  
 9 22 and the child health specialty clinics to integrate the  
 9 23 activities of the first five initiative into the establishment  
 9 24 of patient-centered medical homes, community utilities,  
 9 25 accountable care organizations, and other integrated care  
 9 26 models developed to improve health quality and population  
 9 27 health while reducing health care costs. To the maximum extent  
 9 28 possible, funding allocated in this paragraph shall be utilized  
 9 29 as matching funds for medical assistance program reimbursement.

Allocates \$1,327,887 for the Iowa First Five Healthy Mental Development Initiative Programs.

DETAIL: This is no change compared to the FY 2014 allocation. The DPH, the Department of Human Services (DHS), and the Iowa Medicaid Enterprise (IME) are directed to develop a plan to secure matching Medicaid funding.

9 30 d. Of the funds appropriated in this subsection, ~~\$15,799~~  
 9 31 \$74,640 shall be distributed to a statewide dental carrier to

Allocates \$74,640 for a Donated Dental Services Program for Indigent Elderly and Disabled individuals.

<p>9 32 provide funds to continue the donated dental services program  9 33 patterned after the projects developed by the lifeline network  9 34 to provide dental services to indigent elderly and disabled  9 35 individuals.</p>	<p>DETAIL: This is an increase of \$43,043 compared to FY 2014.</p>
<p>10 1 e. Of the funds appropriated in this subsection, <del>\$55,998</del>  10 2 <u>\$111,995</u> shall be used for childhood obesity prevention.</p>	<p>Allocates \$111,995 for childhood obesity programs.   DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>10 3 f. Of the funds appropriated in this subsection, <del>\$81,384</del>  10 4 <u>\$137,768</u> shall be used to provide audiological services and  10 5 hearing aids for children. The department may enter into a  10 6 contract to administer this paragraph.</p>	<p>Allocates \$137,768 for the Audiological Services for Kids Program to provide audiological services and hearing aids to children.   DETAIL: This is a decrease of \$25,000 compared to FY 2014.</p>
<p>10 7 g. Of the funds appropriated in this subsection, <del>\$12,500</del>  10 8 <u>\$25,000</u> is transferred to the university of iowa college of  10 9 dentistry for provision of primary dental services to children.  10 10 State funds shall be matched on a dollar-for-dollar basis.  10 11 The university of iowa college of dentistry shall coordinate  10 12 efforts with the department of public health, bureau of  10 13 oral and health delivery systems, to provide dental care to  10 14 underserved populations throughout the state.</p>	<p>Transfers \$25,000 to the University of Iowa College of Dentistry to provide primary dental services to children. Requires a one-to-one dollar match by the University. The College is directed to coordinate efforts with the Department's Bureau of Oral Health to provide dental care to underserved populations throughout Iowa.   DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>10 15 h. Of the funds appropriated in this subsection, <del>\$25,000</del>  10 16 <u>\$50,000</u> shall be used to address youth suicide prevention.</p>	<p>Allocates \$50,000 for a youth suicide prevention program.   DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>10 17 <u>i. The university of iowa college of dentistry shall</u>  10 18 <u>develop and submit a proposal by December 15, 2014, to the</u>  10 19 <u>individuals identified in this Act for submission of reports</u>  10 20 <u>and to the chairpersons and ranking members of the joint</u>  10 21 <u>appropriations subcommittee on education to offer a residency</u>  10 22 <u>program in geriatric dentistry that prepares dentists with</u>  10 23 <u>the specific skills needed to treat geriatric patients and</u>  10 24 <u>provides incentives for the participants to remain in the</u>  10 25 <u>state to practice dentistry upon completion of the program.</u>  10 26 <u>The proposal shall include at a minimum, the curriculum to</u>  10 27 <u>be utilized, the number of residency positions to be made</u>  10 28 <u>available, the incentives for participants to practice</u>  10 29 <u>dentistry in the state upon completion of the residency, the</u>  10 30 <u>projected cost of the program, and any potential funding</u>  10 31 <u>sources.</u></p>	<p>Directs the University of Iowa College of Dentistry to create a proposal for a Geriatric Dentistry Residency Program that will include curriculum, number of residences, cost, funding sources, and incentives for the participants to stay and practice in the State upon completion of the Program.</p>
<p>10 32 3. CHRONIC CONDITIONS  10 33 For serving individuals identified as having chronic  10 34 conditions or special health care needs, and for not more than</p>	<p>General Fund appropriation to Chronic Conditions programs.   DETAIL: This is a decrease of \$40,000 and 1.00 FTE position</p>

10	35	the following full-time equivalent positions:	
11	1	.....	\$ 2,540,346
11	2	.....	5,040,692
11	3	..... FTEs	6.00
		..... FTEs	5.00

11 4 a. Of the funds appropriated in this subsection, ~~\$79,966~~  
 11 5 \$159,932 shall be used for grants to individual patients  
 11 6 who have phenylketonuria (PKU) to assist with the costs of  
 11 7 necessary special foods.

compared to estimated FY 2014 for the Medical Home Advisory Council.

Allocates \$159,932 for grants to individual patients with Phenylketonuria (PKU) to assist with necessary costs for special foods.

DETAIL: This is no change compared to the FY 2014 allocation. Click [here](#) to learn more about the allocation.

11 8 b. Of the funds appropriated in this subsection, ~~\$445,822~~  
 11 9 \$891,644 shall be used for the brain injury services program  
 11 10 pursuant to section 135.22B, including for continuation of the  
 11 11 contracts for resource facilitator services in accordance with  
 11 12 section 135.22B, subsection 9, and to enhance brain injury  
 11 13 training and recruitment of service providers on a statewide  
 11 14 basis. ~~Of the amount allocated in this paragraph, \$47,500~~  
 11 15 ~~shall be used to fund one full-time equivalent position to~~  
 11 16 ~~serve as the state brain injury service program manager.~~

Allocates \$891,644 for continuation of the two contracts in the Department's Brain Injury Services Program for facilitator services, training services, and provider recruitment.

DETAIL: This is no change compared to the FY 2014 allocation. However, specific language pertaining to a State Brain Injury Service program manager has been removed.

11 17 c. Of the funds appropriated in this subsection, ~~\$273,994~~  
 11 18 \$547,982 shall be used as additional funding to leverage  
 11 19 federal funding through the federal Ryan White Care Act, Tit.  
 11 20 II, AIDS drug assistance program supplemental drug treatment  
 11 21 grants.

Allocates \$547,982 to the AIDS Drug Assistance Program (ADAP).

DETAIL: This is no change compared to the FY 2014 allocation. Click [here](#) for more information about the Program.

11 22 d. Of the funds appropriated in this subsection, ~~\$49,942~~  
 11 23 \$99,823 shall be used for the public purpose of continuing to  
 11 24 contract with an existing national-affiliated organization  
 11 25 to provide education, client-centered programs, and client  
 11 26 and family support for people living with epilepsy and their  
 11 27 families.

Allocates \$99,823 for epilepsy education and support.

DETAIL: This is no change compared to the FY 2014 allocation.

11 28 e. Of the funds appropriated in this subsection, ~~\$392,557~~  
 11 29 \$785,114 shall be used for child health specialty clinics.

Allocates \$785,114 for Child Health Specialty Clinics.

DETAIL: This is no change compared to the FY 2014 allocation.

11 30 f. Of the funds appropriated in this subsection,  
 11 31 ~~\$200,000~~ \$400,000 shall be used by the regional autism  
 11 32 assistance program established pursuant to section 256.35,  
 11 33 and administered by the child health specialty clinic located  
 11 34 at the university of Iowa hospitals and clinics. The funds  
 11 35 shall be used to enhance interagency collaboration and  
 12 1 coordination of educational, medical, and other human services  
 12 2 for persons with autism, their families, and providers of  
 12 3 services, including delivering regionalized services of care

Allocates \$400,000 to be used to by the Regional Autism Service Program (RASP) to create autism support programs administered by the child health speciality clinic located at the UIHC.

DETAIL: This is no change compared to the FY 2014 allocation. The University is prohibited from receiving any funds for indirect costs associated with the allocation.

12 4 coordination, family navigation, and integration of services  
 12 5 through the statewide system of regional child health specialty  
 12 6 clinics and fulfilling other requirements as specified in  
 12 7 chapter 225D, ~~creating the autism support program, as enacted~~  
 12 8 ~~in this Act.~~ The university of Iowa shall not receive funds  
 12 9 allocated under this paragraph for indirect costs associated  
 12 10 with the regional autism assistance program.

12 11 g. Of the funds appropriated in this subsection, ~~\$285,497~~  
 12 12 \$570,993 shall be used for the comprehensive cancer control  
 12 13 program to reduce the burden of cancer in Iowa through  
 12 14 prevention, early detection, effective treatment, and ensuring  
 12 15 quality of life. Of the funds allocated in this lettered  
 12 16 paragraph, ~~\$75,000~~ \$150,000 shall be used to support a melanoma  
 12 17 research symposium, a melanoma biorepository and registry,  
 12 18 basic and translational melanoma research, and clinical trials.

Allocates \$570,993 for the Iowa Comprehensive Cancer Control (ICCC) Program. Of the total amount, \$150,000 is required to be used to support various efforts in studying, tracking, and researching melanoma.

DETAIL: This is no change compared to the FY 2014 allocation.

12 19 h. Of the funds appropriated in this subsection, ~~\$63,225~~  
 12 20 \$126,450 shall be used for cervical and colon cancer screening,  
 12 21 and ~~\$250,000~~ \$500,000 shall be used to enhance the capacity  
 12 22 of the cervical cancer screening program to include provision  
 12 23 of recommended prevention and early detection measures to a  
 12 24 broader range of low-income women.

Allocates \$126,450 for cervical and colon cancer screening and \$500,000 for cervical cancer screening for a total of \$626,450.

DETAIL: This is no change compared to the FY 2014 allocation.

12 25 i. Of the funds appropriated in this subsection, ~~\$263,348~~  
 12 26 \$526,695 shall be used for the center for congenital and  
 12 27 inherited disorders.

Allocates \$526,695 for the Center for Congenital and Inherited Disorders central registry.

DETAIL: This is no change compared to the FY 2014 allocation.

12 28 j. Of the funds appropriated in this subsection, ~~\$64,706~~  
 12 29 \$129,411 shall be used for the prescription drug donation  
 12 30 repository program created in chapter 135M.

Allocates \$129,411 for the Prescription Drug Donation Repository program.

DETAIL: This is no change compared to the FY 2014 allocation.

12 31 k. Of the funds appropriated in this subsection, ~~\$107,632~~  
 12 32 \$175,263 shall be used for the costs of the medical home system  
 12 33 advisory council established pursuant to section 135.159  
 12 34 including incorporation of the development and implementation  
 12 35 of the prevention and chronic care management state initiative.

Allocates \$175,263 for the Medical Home System Advisory Council for the development and implementation of a prevention and chronic care management state initiative.

DETAIL: This is a decrease of \$40,000 compared to the FY 2014 allocation.

13 1 4. COMMUNITY CAPACITY

General Fund appropriation to Community Capacity programs.

13 2 For strengthening the health care delivery system at the  
 13 3 local level, and for not more than the following full-time  
 13 4 equivalent positions:

DETAIL: This is a net increase of \$721,819 and a decrease of 7.25 FTE positions compared to estimated FY 2014. The General Fund changes include:

13 5 ..... \$ 4,281,309

13	6		9,284,436
13	7	.....FTEs	<del>48.25</del>
		FTEs	<u>11.00</u>

- An increase of \$293 for the FIND Dental Education Loan Repayment Program.
- A decrease of \$378,474 to eliminate free clinics to assist patients in finding an appropriate medical home.
- An increase of \$1,000,000 for the Medical Residency Training Program.
- An increase of \$100,000 for the implementation of an integrated psychiatric primary care model at the University of Iowa.

13 8 a. Of the funds appropriated in this subsection, ~~\$49,707~~  
 13 9 \$99,414 is allocated for continuation of the child vision  
 13 10 screening program implemented through the university of Iowa  
 13 11 hospitals and clinics in collaboration with early childhood  
 13 12 Iowa areas. The program shall submit a report to the  
 13 13 individuals identified in this Act for submission of reports  
 13 14 regarding the use of funds allocated under this paragraph  
 13 15 "a". The report shall include the objectives and results for  
 13 16 the program year including the target population and how the  
 13 17 funds allocated assisted the program in meeting the objectives;  
 13 18 the number, age, and location within the state of individuals  
 13 19 served; the type of services provided to the individuals  
 13 20 served; the distribution of funds based on service provided;  
 13 21 and the continuing needs of the program.

Allocates \$99,414 for the Iowa KidSight Child Vision screening program through the University of Iowa Hospitals and Clinics (UIHC) in collaboration with the Lions Club and Early Childhood Iowa areas.

DETAIL: This is no change compared to the FY 2014 allocation. Requires the Program to submit a report outlining program objectives, target population and locations, services provided, and other details.

13 22 b. Of the funds appropriated in this subsection, ~~\$55,328~~  
 13 23 \$110,656 is allocated for continuation of an initiative  
 13 24 implemented at the university of Iowa and ~~\$49,952~~ \$99,904  
 13 25 is allocated for continuation of an initiative at the state  
 13 26 mental health institute at Cherokee to expand and improve the  
 13 27 workforce engaged in mental health treatment and services.  
 13 28 The initiatives shall receive input from the university of  
 13 29 Iowa, the department of human services, the department of  
 13 30 public health, and the mental health and disability services  
 13 31 commission to address the focus of the initiatives.

Allocates \$110,656 for a University of Iowa initiative to expand and improve the mental health treatment and services workforce. Allocates \$99,904 for a similar initiative at the Mental Health Institute (MHI) at Cherokee.

DETAIL: This is no change compared to the FY 2014 allocation.

13 32 c. Of the funds appropriated in this subsection, ~~\$582,314~~  
 13 33 \$1,164,628 shall be used for essential public health services  
 13 34 that promote healthy aging throughout the lifespan, contracted  
 13 35 through a formula for local boards of health, to enhance health  
 14 1 promotion and disease prevention services.

Requires the DPH to use \$1,164,628 for core public health functions, including home health care and public health nursing services.

DETAIL: This is no change compared to the FY 2014 allocation.

14 2 d. Of the funds appropriated in this section, ~~\$49,643~~  
 14 3 \$99,286 shall be deposited in the governmental public health  
 14 4 system fund created in section 135A.8 to be used for the  
 14 5 purposes of the fund.

Allocates \$99,286 to the Governmental Public Health System Fund for activities related to the DPH modernization initiative.

DETAIL: This is no change compared to the FY 2014 allocation.

14 6 e. Of the funds appropriated in this subsection, ~~\$52,724~~  
 14 7 \$105,448 shall be used to continue to address the shortage of  
 14 8 mental health professionals in the state.

Allocates \$105,448 for the Mental Health Professional Shortage Area Program.  
 DETAIL: This is no change compared to the FY 2014 allocation.

14 9 f. Of the funds appropriated in this subsection, ~~\$25,000~~  
 14 10 \$50,000 shall be used for a grant to a statewide association  
 14 11 of psychologists that is affiliated with the American  
 14 12 psychological association to be used for continuation of a  
 14 13 program to rotate intern psychologists in placements in urban  
 14 14 and rural mental health professional shortage areas, as defined  
 14 15 in section 135.180.

Allocates \$50,000 for the Psychology Postdoctoral Internship Rotation Program for intern psychologists in urban and rural mental health professional shortage areas.  
 DETAIL: This is no change compared to the FY 2014 allocation. Click [here](#) for more information about the Program.

14 16 g. Of the funds appropriated in this subsection, the  
 14 17 following amounts shall be allocated to the Iowa collaborative  
 14 18 safety net provider network established pursuant to section  
 14 19 135.153 to be used for the purposes designated. The following  
 14 20 amounts allocated under this lettered paragraph shall be  
 14 21 distributed to the specified provider and shall not be reduced  
 14 22 for administrative or other costs prior to distribution:

Provides allocations totaling \$1,346,345 to the Iowa Collaborative Safety Net Provider Network. Specifies that administrative costs related to the distribution of funding to the Safety Net Provider Network may not be taken out of the allocated funding.

14 23 (1) For distribution to the Iowa primary care association  
 14 24 for statewide coordination of the Iowa collaborative safety net  
 14 25 provider network:  
 14 26 .....\$ 72,893  
 14 27 ..... 145,785

Allocates \$145,785 to the Iowa Primary Care Association for coordination of the Iowa Collaborative Safety Net Provider Network.  
 DETAIL: This is no change compared to the FY 2014 allocation.

14 28 (2) For distribution to the Iowa primary care association  
 14 29 to be used to continue a training program for sexual assault  
 14 30 response team (SART) members, including representatives of  
 14 31 law enforcement, victim advocates, prosecutors, and certified  
 14 32 medical personnel:  
 14 33 .....\$ 25,000  
 14 34 ..... 50,000

Allocates \$50,000 to continue a grant Program in collaboration with Sexual Assault Response Team (SART) members to expand the response room model throughout Iowa.  
 DETAIL: This is no change compared to the FY 2014 allocation.

14 35 (3) For distribution to federally qualified health centers  
 15 1 for necessary infrastructure, statewide coordination, provider  
 15 2 recruitment, service delivery, and provision of assistance to  
 15 3 patients in securing a medical home inclusive of oral health  
 15 4 care:  
 15 5 .....\$ 37,500  
 15 6 ..... 75,000

Allocates \$75,000 for distribution to Federally Qualified Health Centers (FQHCs) for infrastructure, coordination, provider recruitment, service delivery, and assistance to patients in determining an appropriate medical home.  
 DETAIL: This is no change compared to the FY 2014 allocation.

15 7 (4) For distribution to the local boards of health that  
 15 8 provide direct services for pilot programs in three counties to  
 15 9 assist patients in securing a medical home inclusive of oral  
 15 10 health care:  
 15 11 .....\$ 38,577

Allocates \$77,153 for local board of health pilot programs in three counties to assist patients in finding an appropriate medical home inclusive of dental care.  
 DETAIL: This is no change compared to the FY 2014 allocation.

15 12		<u>77,153</u>	
15 13	(5) For distribution to maternal and child health centers		Allocates \$95,126 for three child and maternal health center pilot
15 14	for pilot programs in three service areas to assist patients in		programs to assist patients in finding an appropriate medical home
15 15	securing a medical home inclusive of oral health care:		inclusive of dental care.
15 16	..... \$	47,563	
15 17		<u>95,126</u>	DETAIL: This is no change compared to the FY 2014 allocation.
15 18	(6) For distribution to free clinics for necessary		Allocates \$348,322 for free clinics to assist patients with finding an
15 19	infrastructure, statewide coordination, provider recruitment,		appropriate medical home.
15 20	service delivery, and provision of assistance to patients in		
15 21	securing a medical home inclusive of oral health care:		DETAIL: This is no change compared to the FY 2014 allocation.
15 22	..... \$	174,161	
15 23		<u>348,322</u>	
15 24	(7) For distribution to rural health clinics for necessary		Allocates \$141,544 for rural health clinics to assist patients in finding
15 25	infrastructure, statewide coordination, provider recruitment,		an appropriate medical home.
15 26	service delivery, and provision of assistance to patients in		
15 27	securing a medical home inclusive of oral health care:		DETAIL: This is no change compared to the FY 2014 allocation.
15 28	..... \$	70,772	
15 29		<u>141,544</u>	
15 30	<del>(8) For continuation of the safety net provider patient</del>		Strikes the allocation of \$378,474 to eliminate the safety net provider
15 31	<del>access to a specialty health care initiative as described in</del>		patient access to specialty care initiative.
15 32	<del>2007 Iowa Acts, chapter 218, section 109:</del>		
15 33	<del>..... \$</del>	<del>489,237</del>	DETAIL: This is a decrease of \$378,474 compared to the FY 2014
			allocation to eliminate the initiative.
15 34	(9) For continuation of the pharmaceutical infrastructure		Allocates \$413,415 for the pharmaceutical infrastructure for safety net
15 35	for safety net providers as described in 2007 Iowa Acts,		providers.
16 1	chapter 218, section 108:		
16 2	..... \$	206,708	DETAIL: This is no change compared to the FY 2014 allocation.
16 3		<u>413,415</u>	
16 4	The Iowa collaborative safety net provider network may		Permits the Iowa Collaborative Safety Net Provider Network to
16 5	continue to distribute funds allocated pursuant to this		distribute funds through existing contracts.
16 6	lettered paragraph through existing contracts or renewal of		
16 7	existing contracts.		
16 8	<del>The Iowa collaborative safety net provider network may</del>		
16 9	<del>continue to distribute funds allocated pursuant to this</del>		
16 10	<del>lettered paragraph through existing contracts or renewal of</del>		
16 11	<del>existing contracts.</del>		
16 12	h. Of the funds appropriated in this subsection, <del>\$87,950</del>		Allocates \$175,900 and directs the Direct Care Worker Advisory
16 13	<del>\$175,900</del> shall be used for continuation of the work of the		Council to finalize core and advanced statewide curriculum, conduct
16 14	direct care worker advisory council established pursuant to		education and outreach, establish a way to track and evaluate training
16 15	2008 Iowa Acts, chapter 1188, section 69, in implementing the		and retention, and conduct a study of reimbursement rates.

<p>16 16 recommendations in the final report submitted by the advisory 16 17 council to the governor and the general assembly in March 2012.</p>	<p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>16 18 i. (1) Of the funds appropriated in this subsection, 16 19 <del>\$89,438</del> <u>\$178,875</u> shall be used for allocation to an independent 16 20 statewide direct care worker organization under continuation 16 21 of the contract in effect during the fiscal year ending June 16 22 30, <del>2013</del> <u>2014</u>, with terms determined by the director of public 16 23 health relating to education, outreach, leadership development, 16 24 mentoring, and other initiatives intended to enhance the 16 25 recruitment and retention of direct care workers in health care 16 26 and long-term care settings.</p>	<p>Allocates \$178,875 and directs a mission change under the supervision of the Department of Public Health (DPH) to create education, outreach, leadership development, mentoring, and other initiatives to enhance recruitment and retention of direct care workers in long-term care settings.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>16 27 (2) Of the funds appropriated in this subsection, <del>\$37,500</del> 16 28 <u>\$75,000</u> shall be used to provide scholarships or other forms of 16 29 subsidization for direct care worker educational conferences, 16 30 training, or outreach activities.</p>	<p>Allocates \$75,000 for scholarships for direct care worker educational conferences, training, or outreach activities.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>16 31 j. Of the funds appropriated in this subsection, the 16 32 department may use up to <del>\$29,088</del> <u>\$58,175</u> for up to one 16 33 full-time equivalent position to administer the volunteer 16 34 health care provider program pursuant to section 135.24.</p>	<p>Permits the Department to utilize up to \$58,175 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>16 35 k. Of the funds appropriated in this subsection, <del>\$24,854</del> 17 1 <u>\$50,000</u> shall be used for a matching dental education loan 17 2 repayment program to be allocated to a dental nonprofit health 17 3 service corporation to develop the criteria and implement the 17 4 loan repayment program.</p>	<p>Allocates \$50,000 for the FIND Dental Education Loan Repayment Program.</p> <p>DETAIL: This is an increase of \$293 compared to the FY 2014 allocation. Click <a href="#">here</a> for more information on the Program.</p>
<p>17 5 l. Of the funds appropriated in this subsection, <del>\$52,912</del> 17 6 <u>\$105,823</u> is transferred to the college student aid commission 17 7 for deposit in the rural Iowa primary care trust fund created 17 8 in section 261.113 to be used for the purposes of the fund.</p>	<p>Transfers \$105,823 to the College Student Aid Commission for deposit in the Rural Iowa Primary Care Loan Repayment Program and Trust Fund Act (PRIMECARRE Trust Fund) to implement a Program to repay education loans of primary health care clinical services located in rural, federally-designated health professional shortage areas.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>17 9 m. Of the funds appropriated in this subsection, <del>\$75,000</del> 17 10 <u>\$150,000</u> shall be used for the purposes of the Iowa donor 17 11 registry as specified in section 142C.18.</p>	<p>Allocates \$150,000 to the Iowa Donor Registry.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>17 12 n. Of the funds appropriated in this subsection, <del>\$50,000</del> 17 13 <u>\$100,000</u> shall be used for continuation of a grant to a 17 14 nationally affiliated volunteer eye organization that has an 17 15 established program for children and adults and that is solely</p>	<p>Allocates \$100,000 to Prevent Blindness Iowa for a vision screening and training program.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>

17 16 dedicated to preserving sight and preventing blindness through  
 17 17 education, nationally certified vision screening and training,  
 17 18 and community and patient service programs. The organization  
 17 19 shall submit a report to the individuals identified in this  
 17 20 Act for submission of reports regarding the use of funds  
 17 21 allocated under this paragraph "n". The report shall include  
 17 22 the objectives and results for the program year including  
 17 23 the target population and how the funds allocated assisted  
 17 24 the program in meeting the objectives; the number, age, and  
 17 25 location within the state of individuals served; the type of  
 17 26 services provided to the individuals served; the distribution  
 17 27 of funds based on services provided; and the continuing needs  
 17 28 of the program.

Requires the Program to submit a report outlining program objectives, target population and locations, services provided, and other details.

17 29 o. Of the funds appropriated in this subsection, ~~\$12,500~~  
 17 30 ~~\$25,000~~ shall be used for the ~~establishment~~ continuation of a  
 17 31 wellness council under the direction of the director of public  
 17 32 health to increase support for wellness activities in the  
 17 33 state.

Allocates \$25,000 for a Wellness Council to increase support for wellness activities.

DETAIL: This is no change compared to the FY 2014 allocation. Click [here](#) for more information on the Council.

17 34 p. Of the funds appropriated in this section, ~~\$579,075~~  
 17 35 ~~\$1,158,150~~ is allocated to the Iowa collaborative safety net  
 18 1 provider network established pursuant to section 135.153 to  
 18 2 be used for the continued development and implementation of a  
 18 3 statewide regionally based network to provide an integrated  
 18 4 approach to health care delivery through care coordination  
 18 5 that supports primary care providers and links patients with  
 18 6 community resources necessary to empower patients in addressing  
 18 7 biomedical and social determinants of health to improve health  
 18 8 outcomes. The Iowa collaborative safety net provider network  
 18 9 shall work in conjunction with the department of human services  
 18 10 to align the integrated network with the health care delivery  
 18 11 system model developed under the state innovation models  
 18 12 initiative grant. The Iowa collaborative safety net provider  
 18 13 network shall submit a progress report to the individuals  
 18 14 designated in this Act for submission of reports by December  
 18 15 31, 2014, including progress in developing and implementing the  
 18 16 network, how the funds were distributed and used in developing  
 18 17 and implementing the network, and the remaining needs in  
 18 18 developing and implementing the network.

Allocates \$1,158,150 to the Iowa Collaborative Safety Net Provider Network to develop and implement a Statewide regionally-based network to provide integrated health care delivery for patients addressing biomedical and social determinants of health. The Collaborative is required to work with DHS and report the progress on December 31, 2014.

DETAIL: This is no change compared to the FY 2014 allocation.

18 19 q. Of the funds appropriated in this subsection, ~~\$1,000,000~~  
 18 20 ~~\$3,000,000~~ shall be deposited in the medical residency  
 18 21 training account created in section 135.175, subsection 5,  
 18 22 paragraph "a", and is appropriated from the account to the  
 18 23 department of public health to be used for the purposes of  
 18 24 the medical residency training state matching grants program

Allocates \$3,000,000 for a Medical Residency Training Program. Specifies that grants for expansion of and new medical residency positions, psychiatric residency positions, and family practice positions have priority within the Program.

DETAIL: This is an increase of \$1,000,000 compared to the FY 2014

18 25 as specified in section 135.176. However, notwithstanding  
 18 26 any provision to the contrary in section 135.176, priority  
 18 27 in the awarding of grants shall be given to new residency  
 18 28 programs and the expansion of existing residency programs which  
 18 29 propose expansion of psychiatric residency positions and family  
 18 30 practice residency positions.

allocation.

18 31 r. Of the funds appropriated in this section, ~~\$25,000~~  
 18 32 \$50,000 shall be distributed to a statewide nonprofit  
 18 33 organization to be used for the public purpose of supporting  
 18 34 a partnership between medical providers and parents through  
 18 35 community health centers to promote reading and encourage  
 19 1 literacy skills so children enter school prepared for success  
 19 2 in reading.

Allocates \$50,000 for a Program entitled "Reach Out and Read" that supports partnerships between medical providers and parents through community health centers to promote reading and encourage literacy skills for children entering school.

DETAIL: This is no change compared to the FY 2014 allocation. Click [here](#) for more information about the Program.

19 3 t. Of the funds appropriated in this subsection, \$100,000  
 19 4 shall be transferred to the university of iowa hospitals  
 19 5 and clinics to implement a collaborative care model between  
 19 6 psychiatry and primary care practices that will improve mental  
 19 7 health care in iowa. The university of iowa hospitals and  
 19 8 clinics shall submit a report by December 15, 2014, to the  
 19 9 individuals identified in this Act for submission of reports on  
 19 10 the progress of implementation of the collaborative model.

Allocates \$100,000 for the implementation of a Psychiatric Practice Model in the Primary Care Physician Residency Program at the University of Iowa.

DETAIL: This is a new allocation for FY 2015.

Directs the Department of Public Health to include physical therapists as approved professionals eligible for the Primary Care Recruitment and Retention Endeavor (PRIMECARRE) Program.

19 11 5. HEALTHY AGING

General Fund appropriation to Healthy Aging programs.

19 12 To provide public health services that reduce risks and  
 19 13 invest in promoting and protecting good health over the  
 19 14 course of a lifetime with a priority given to older lowans and  
 19 15 vulnerable populations:

DETAIL: This is no change compared to the FY 2014 allocation.

19 16 ..... \$ 3,648,574  
 19 17 ..... 7,297,142

19 18 6. ENVIRONMENTAL HAZARDS

General Fund appropriation to Environmental Hazard programs.

19 19 For reducing the public's exposure to hazards in the  
 19 20 environment, primarily chemical hazards, and for not more than  
 19 21 the following full-time equivalent positions:

DETAIL: This is no change compared to estimated FY 2014.

19 22 ..... \$ 401,935  
 19 23 ..... 803,870  
 19 24 ..... FTEs 4.00

19 25 Of the funds appropriated in this subsection, ~~\$268,875~~  
 19 26 \$537,750 shall be used for childhood lead poisoning provisions.

19 27 7. INFECTIOUS DISEASES

General Fund appropriation to Infectious Disease programs.

19 28 For reducing the incidence and prevalence of communicable  
 19 29 diseases, and for not more than the following full-time  
 19 30 equivalent positions:

DETAIL: This is no change compared to estimated FY 2014.

19 31	.....	\$	667,578
19 32			<u>1,335,155</u>
19 33	.....	FTEs	4.00
19 34	8. PUBLIC PROTECTION		
19 35	For protecting the health and safety of the public through		
20 1	establishing standards and enforcing regulations, and for not		
20 2	more than the following full-time equivalent positions:		
20 3	.....	\$	<u>1,639,386</u>
20 4			<u>3,420,027</u>
20 5	.....	FTEs	131.00

General Fund appropriation to Public Protection programs.

DETAIL: This is an net increase of \$141,256 and a decrease of 0.20 FTE position compared to estimated FY 2014. The General Fund changes include:

- A decrease of \$28,644 due to the Governor's [Senate File 446](#) veto of the Emergency Medical Services (EMS) task force allocation.
- A decrease of \$28,000 due to one-time funding in FY 2014 for transitioning the licensing of orthotists, prosthetists, and pedorthists, to a fee-supported model.
- An increase of \$65,000 for EMS software maintenance.
- An increase of \$75,000 for an EMS benchmarks, indicators, and scoring (BIS) trauma assessment.
- An increase of \$50,000 for community water fluoride education.
- An increase of \$7,900 due to the passage of [House File 2378](#): Psychologist Licensing Requirements.

20 6 a. Of the funds appropriated in this subsection, not more  
 20 7 than ~~\$227,350~~ \$454,700 shall be credited to the emergency  
 20 8 medical services fund created in section 135.25. Moneys in  
 20 9 the emergency medical services fund are appropriated to the  
 20 10 department to be used for the purposes of the fund.

Allocates up to \$454,700 for the Emergency Medical Services (EMS) Fund.

DETAIL: This is no change compared to the FY 2014 allocation.

20 11 b. Of the funds appropriated in this subsection, ~~\$101,516~~  
 20 12 \$203,032 shall be used for sexual violence prevention  
 20 13 programming through a statewide organization representing  
 20 14 programs serving victims of sexual violence through the  
 20 15 department's sexual violence prevention program. The amount  
 20 16 allocated in this lettered paragraph shall not be used to  
 20 17 supplant funding administered for other sexual violence  
 20 18 prevention or victims assistance programs.

Allocates \$203,032 to provide program funding for sexual violence prevention.

DETAIL: This is no change compared to the FY 2014 allocation.

20 19 c. Of the funds appropriated in this subsection, ~~\$299,376~~  
 20 20 \$598,751 shall be used for the state poison control center.  
 20 21 At such time as the department of human services receives  
 20 22 approval from the centers for Medicare and Medicaid services  
 20 23 of the United States department of health and human services  
 20 24 to implement a new health services initiative under the  
 20 25 federal Children's Health Insurance Program Reauthorization  
 20 26 Act of 2009, Pub.L. No.111-3, to provide funding for the  
 20 27 state poison control center as directed in this 2014 Act.

Allocates up to \$598,751 for the State Poison Control Center.

DETAIL: This is no change compared to the FY 2014 allocation. Instructs the DHS to implement a new health services initiative under the Children's Health Insurance Program (CHIP) to provide funding for the Center. Allows the Center to transfer as much funding as needed for the purpose of receiving matching federal funds. Click [here](#) for more information about the Center.

20 28 and notifies the department of public health, the department  
 20 29 of public health shall transfer from the allocation made in  
 20 30 this paragraph "c", an amount sufficient to provide the state  
 20 31 matching funds necessary to draw down the maximum federal  
 20 32 matching funds available for that purpose.

Allocates \$50,000 for community fluoridation education.

DETAIL: This is a new allocation for FY 2015.

20 33 d. Of the funds appropriated in this subsection, \$50,000  
 20 34 shall be used for community fluoridation education.

General Fund appropriation for Resource Management activities.

DETAIL: This is no change compared to the estimated FY 2014 appropriation and a decrease of 1.00 FTE position.

20 35 9. RESOURCE MANAGEMENT

21 1 For establishing and sustaining the overall ability of the  
 21 2 department to deliver services to the public, and for not more  
 21 3 than the following full-time equivalent positions:

21 4	.....	\$	402,027
21 5	.....		855,072
21 6	.....	FTEs	5.00
		FTEs	4.00

Prohibits the UIHC from receiving indirect cost reimbursement from General Fund appropriations to the Department. Requires the UIHC to submit billings to the DPH on a quarterly basis each year.

21 7 The university of Iowa hospitals and clinics under the  
 21 8 control of the state board of regents shall not receive  
 21 9 indirect costs from the funds appropriated in this section.  
 21 10 The university of Iowa hospitals and clinics billings to the  
 21 11 department shall be on at least a quarterly basis.

21 12 DIVISION IV  
 21 13 VETERANS  
 21 14 Sec. 4. 2013 Iowa Acts, chapter 138, section 134, is amended  
 21 15 to read as follows:  
 21 16 SEC. 134. DEPARTMENT OF VETERANS AFFAIRS. There is  
 21 17 appropriated from the general fund of the state to the  
 21 18 department of veterans affairs for the fiscal year beginning  
 21 19 July 1, 2014, and ending June 30, 2015, the following amounts,  
 21 20 or so much thereof as is necessary, to be used for the purposes  
 21 21 designated:

General Fund appropriation to the Department of Veteran Affairs.

DETAIL: This is no change compared to estimated FY 2014.

21 22 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION  
 21 23 For salaries, support, maintenance, and miscellaneous  
 21 24 purposes, and for not more than the following full-time  
 21 25 equivalent positions:

21 26	.....	\$	546,754
21 27	.....		1,095,951
21 28	.....	FTEs	13.00

General Fund appropriation to the Iowa Veterans Home (IVH).

DETAIL: This is no change compared to estimated FY 2014.

21 29 2. IOWA VETERANS HOME  
 21 30 For salaries, support, maintenance, and miscellaneous  
 21 31 purposes:

21	32	.....	\$	3,762,857
21	33			<u>7,594,996</u>

21 34 a. The Iowa veterans home billings involving the department  
 21 35 of human services shall be submitted to the department on at  
 22 1 least a monthly basis.

Requires the IVH to submit monthly claims relating to Medicaid to the DHS.

22 2 b. If there is a change in the employer of employees  
 22 3 providing services at the Iowa veterans home under a collective  
 22 4 bargaining agreement, such employees and the agreement shall  
 22 5 be continued by the successor employer as though there had not  
 22 6 been a change in employer.

Requires a new employer to honor an existing collective bargaining agreement at the IVH.

22 7 c. Within available resources and in conformance with  
 22 8 associated state and federal program eligibility requirements,  
 22 9 the Iowa veterans home may implement measures to provide  
 22 10 financial assistance to or on behalf of veterans or their  
 22 11 spouses who are participating in the community reentry program.

Permits the IVH to provide financial assistance to support participation in the Community Reentry Program within State and federal eligibility requirements.

22 12 e. The Iowa veterans home expenditure report shall be  
 22 13 submitted monthly to the legislative services agency.

Requires the Veterans Home to submit a monthly expenditure report to the Legislative Services Agency.

22 14 3. HOME OWNERSHIP ASSISTANCE PROGRAM  
 22 15 For transfer to the Iowa finance authority for the  
 22 16 continuation of the home ownership assistance program for  
 22 17 persons who are or were eligible members of the armed forces of  
 22 18 the United States, pursuant to section 16.54:

General Fund appropriation for the Home Ownership Assistance Program for military members.

22	19	.....	\$	800,000
22	20			<u>2,500,000</u>

DETAIL: This is an increase of \$900,000 compared to estimated FY 2014. These funds are transferred to the Iowa Finance Authority for the continuation of services in the Home Ownership Assistance Program.

22 21 Sec. 5. 2013 Iowa Acts, chapter 138, section 135, is amended  
 22 22 to read as follows:  
 22 23 SEC. 135. LIMITATION OF COUNTY COMMISSIONS OF VETERAN  
 22 24 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the  
 22 25 standing appropriation in the following designated section for  
 22 26 the fiscal year beginning July 1, 2014, and ending June 30,  
 22 27 2015, the ~~amounts~~ amount appropriated from the general fund of  
 22 28 the state pursuant to that section for the following designated  
 22 29 purposes shall not exceed the following amount:  
 22 30 For the county commissions of veteran affairs fund under  
 22 31 section 35A.16:

General Fund appropriation for the County Commissions of Veterans Affairs Fund.

22	32	.....	\$	495,000
22	33			<u>990,000</u>

DETAIL: This is no change compared to estimated net FY 2014.

23 1 Sec. 6. 2013 Iowa Acts, chapter 138, section 136, is amended  
 23 2 to read as follows:  
 23 3 SEC. 136. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK  
 23 4 GRANT. There is appropriated from the fund created in section  
 23 5 8.41 to the department of human services for the fiscal year  
 23 6 beginning July 1, 2014, and ending June 30, 2015, from moneys  
 23 7 received under the federal temporary assistance for needy  
 23 8 families (TANF) block grant pursuant to the federal Personal  
 23 9 Responsibility and Work Opportunity Reconciliation Act of 1996,  
 23 10 Pub.L.No.104-193, and successor legislation, the following  
 23 11 amounts, or so much thereof as is necessary, to be used for the  
 23 12 purposes designated:

23 13 1. To be credited to the family investment program account  
 23 14 and used for assistance under the family investment program  
 23 15 under chapter 239B:  
 23 16 .....\$ 9,058,474  
 23 17 .....9,879,488

23 18 2. To be credited to the family investment program account  
 23 19 and used for the job opportunities and basic skills (JOBS)  
 23 20 program and implementing family investment agreements in  
 23 21 accordance with chapter 239B:  
 23 22 .....\$ 5,933,220  
 23 23 .....11,091,911

23 24 3. To be used for the family development and  
 23 25 self-sufficiency grant program in accordance with section  
 23 26 216A.107:  
 23 27 .....\$ 1,449,490  
 23 28 .....2,898,980

23 29 Notwithstanding section 8.33, moneys appropriated in this  
 23 30 subsection that remain unencumbered or unobligated at the close  
 23 31 of the fiscal year shall not revert but shall remain available  
 23 32 for expenditure for the purposes designated until the close of  
 23 33 the succeeding fiscal year. However, unless such moneys are  
 23 34 encumbered or obligated on or before September 30, 2015, the  
 23 35 moneys shall revert.

24 1 4. For field operations:  
 24 2 .....\$ 15,648,116  
 24 3 .....31,296,232

TANF Block Grant Fund appropriations for FY 2015.

DETAIL: The federal government implemented Federal Welfare Reform on August 22, 1996. Federal Welfare Reform changed the funding for the Family Investment Program (FIP) from a matching program to a federal block grant. The TANF Program was reauthorized on February 8, 2006, with work participation rates extended to separate State programs and the elimination of high performance bonuses; however, Iowa's federal grant remains the same at \$131,524,959 per year.

TANF FY 2015 Block Grant appropriation for the FIP Account.

DETAIL: This is a decrease of \$8,237,460 compared to estimated FY 2014. The decrease is due to a declining caseload and a shift in Program funding to the General Fund to meet Maintenance of Effort (MOE) requirements.

TANF FY 2015 Block Grant appropriation for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$774,528 compared to estimated FY 2014. The decrease is due to a declining caseload and a shift in Program funding to the General Fund to meet Maintenance of Effort (MOE) requirements.

TANF FY 2015 Block Grant appropriation for the Family Development and Self Sufficiency (FaDSS) Program.

DETAIL: This is no change compared to estimated FY 2014.

Requires nonreversion of funds allocated for the FaDSS Grant Program.

TANF FY 2015 Block Grant appropriation for Field Operations.

DETAIL: This is no change compared to estimated FY 2014.

24	4	5.	For general administration:		TANF FY 2015 Block Grant appropriation for General Administration.
24	5			\$ 1,872,000	
24	6			<u>3,744,000</u>	DETAIL: This is no change compared to estimated FY 2014.
24	7	6.	For state child care assistance:		TANF FY 2015 Block Grant appropriation for Child Care Assistance.
24	8			\$ 12,866,344	
24	9			<u>35,047,110</u>	DETAIL: This is an increase of \$9,314,423 compared to estimated FY 2014.
24	10	<u>a.—The Of the</u>	<u>funds appropriated in this subsection are,</u>		Requires the DHS to transfer \$26,347,110 to the Child Care and
24	11	<u>\$26,347,110 is</u>	<u>transferred to the child care and development</u>		Development Block Grant and to use \$200,000 for training of registered
24	12	<u>block grant appropriation made by the Eighty-fifth General</u>			child care home providers. Permits the DHS to contract with colleges
24	13	<u>Assembly, 2013 Session, in 2013 Iowa Acts, chapter 136, section</u>			or child care resource and referral centers and specifies requirements
24	14	<u>14 for the federal fiscal year beginning October 1, 2014, and</u>			for funding the Grants and the application form for the Grant. Caps
24	15	<u>ending September 30, 2015. Of this amount, <del>\$100,000</del> \$200,000</u>			contractor's administrative costs at 5.00%.
24	16	<u>shall be used for provision of educational opportunities to</u>			
24	17	<u>registered child care home providers in order to improve</u>			
24	18	<u>services and programs offered by this category of providers</u>			
24	19	<u>and to increase the number of providers. The department may</u>			
24	20	<u>contract with institutions of higher education or child care</u>			
24	21	<u>resource and referral centers to provide the educational</u>			
24	22	<u>opportunities. Allowable administrative costs under the</u>			
24	23	<u>contracts shall not exceed 5 percent. The application for a</u>			
24	24	<u>grant shall not exceed two pages in length.</u>			
24	25	<u>b. Of the funds appropriated in this subsection, \$100,000</u>			Transfers \$100,000 to the DPH to be used for a Program to assist
24	26	<u>shall be transferred to the department of public health to be</u>			parents with the cost resulting from the death of a child. The DPH may
24	27	<u>used for a program to assist parents in this state with costs</u>			administer the Program directly or issue an RFP if it is less costly. If
24	28	<u>resulting from the death of a child in accordance with this</u>			the DPH chooses to issue an RFP, the RFP, the program
24	29	<u>lettered paragraph. If it is less costly than administering</u>			requirements, and the grantee selection are to be developed by the
24	30	<u>the program directly, the department shall issue a request for</u>			Board of Mortuary Science.
24	31	<u>proposals and issue a grant to an appropriate organization to</u>			
24	32	<u>administer the program. The request for proposals, the program</u>			
24	33	<u>requirements, and the grantee selection shall be developed or</u>			
24	34	<u>made by the board of mortuary science.</u>			
24	35	<u>(1) The program funding shall be used to assist parents</u>			Specifies criteria to be eligible for the Program and how the money is
25	1	<u>who reside in this state with costs incurred for a funeral,</u>			to be used.
25	2	<u>burial or cremation, cemetery costs, or grave marker costs</u>			
25	3	<u>associated with the unintended death of a child of the parent</u>			
25	4	<u>or a child under the care of a guardian or custodian. The board</u>			
25	5	<u>shall consider the following eligibility factors in developing</u>			
25	6	<u>program requirements:</u>			
25	7	<u>(a) The child was a stillborn infant or was less than age</u>			
25	8	<u>eighteen at the time of death.</u>			
25	9	<u>(b) The request for assistance was approved by the local</u>			
25	10	<u>board or department of health or the county general assistance</u>			

25 11 director and may have been referred by a local funeral home.  
 25 12 \_(c) To be eligible, the parent, guardian, or custodian must  
 25 13 have an annual household income that is less than 145 percent  
 25 14 of the federal poverty level based on the number of people  
 25 15 in the applicant's household as defined by the most recently  
 25 16 revised poverty income guidelines published by the United  
 25 17 States department of health and human services.  
 25 18 \_(d) The maximum amount of grant assistance provided to a  
 25 19 parent, guardian, or custodian associated with the death of  
 25 20 a child is \$2,000. If the death is a multiple death and the  
 25 21 infants or children are being cremated, or buried together, the  
 25 22 same limitation applies.  
 25 23 \_(e) To the extent the overall amount of assistance received  
 25 24 by a recipient for the costs addressed under this lettered  
 25 25 paragraph does not exceed the overall total of the costs, the  
 25 26 recipient may receive other public or private assistance in  
 25 27 addition to grant assistance under this section.

25 28 \_(2) Notwithstanding section 8.33, moneys transferred by  
 25 29 this paragraph that remain unencumbered or unobligated at the  
 25 30 close of the fiscal year shall not revert but shall remain  
 25 31 available for expenditure for the purposes designated until  
 25 32 expended.

25 33 \_c. Any funds appropriated in this subsection remaining  
 25 34 unallocated shall be used for state child care assistance  
 25 35 payments for individuals enrolled in the family investment  
 26 1 program who are employed.

26 2 7. For distribution to counties and regions through the  
 26 3 property tax relief fund for mental health and disability  
 26 4 services as provided in an appropriation made for this purpose:  
 26 5 ..... \$ 2,447,026  
 26 6 ..... 4,894,052

26 7 8. For child and family services:  
 26 8 ..... \$ 16,042,215  
 26 9 ..... 32,084,430

26 10 9. For child abuse prevention grants:  
 26 11 ..... \$ 62,500  
 26 12 ..... 125,000

26 13 10. For pregnancy prevention grants on the condition that  
 26 14 family planning services are funded:  
 \_\_\_\_\_

Allows funds transferred to the DPH for the Program to be carried forward and remain available until they are expended.

Specifies that approximately \$8,600,000 will be used for Child Care Assistance for individuals enrolled in the FIP Program who are employed.

TANF FY 2015 Block Grant appropriation for Mental Health and Developmental Disabilities Community Services.

DETAIL: This is no change compared to estimated FY 2014.

TANF FY 2015 Block Grant appropriation for Child and Family Services.

DETAIL: This is no change compared to estimated FY 2014.

TANF FY 2015 Block Grant appropriation for Child Abuse Prevention Grants.

DETAIL: This is no change compared to estimated FY 2014.

TANF FY 2015 Block Grant appropriation for pregnancy prevention grants on the condition that family planning services are funded.

26 15 ..... \$ 965,034  
 26 16 ..... 1,930,067

DETAIL: This is no change compared to estimated FY 2014.

26 17 Pregnancy prevention grants shall be awarded to programs  
 26 18 in existence on or before July 1, 2014, if the programs have  
 26 19 demonstrated positive outcomes. Grants shall be awarded to  
 26 20 pregnancy prevention programs which are developed after July  
 26 21 1, 2014, if the programs are based on existing models that  
 26 22 have demonstrated positive outcomes. Grants shall comply with  
 26 23 the requirements provided in 1997 Iowa Acts, chapter 208,  
 26 24 section 14, subsections 1 and 2, including the requirement that  
 26 25 grant programs must emphasize sexual abstinence. Priority in  
 26 26 the awarding of grants shall be given to programs that serve  
 26 27 areas of the state which demonstrate the highest percentage of  
 26 28 unplanned pregnancies of females of childbearing age within the  
 26 29 geographic area to be served by the grant.

Requires the Department to award pregnancy prevention grants that are based on existing models and to programs that have demonstrated positive outcomes. Requires pregnancy prevention grants from the TANF to include the requirement that sexual abstinence be emphasized. Specifies that priority in awarding the grants should be given to programs in areas of the State that have the highest percentage of unplanned adolescent pregnancies within the geographic area served by the grant.

26 30 11. For technology needs and other resources necessary  
 26 31 to meet federal welfare reform reporting, tracking, and case  
 26 32 management requirements:  
 26 33 ..... \$ 518,593  
 26 34 ..... 1,037,186

TANF FY 2015 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

DETAIL: This is no change compared to estimated FY 2014.

26 35 ~~The department shall transfer TANF block grant funding~~  
 27 1 ~~appropriated and allocated in this subsection to the child care~~  
 27 2 ~~and development block grant appropriation in accordance with~~  
 27 3 ~~federal law as necessary to comply with the provisions of this~~  
 27 4 ~~subsection.~~

Strikes obsolete transfer language.

27 5 12. For the family investment program share of the costs to  
 27 6 continue to develop and maintain a new, integrated eligibility  
 27 7 determination system:  
 27 8 ..... \$ 2,525,226  
 27 9 ..... 6,549,549

TANF FY 2015 Block Grant appropriation to the DHS to implement the new FIP eligibility system.

DETAIL: This is an increase of \$1,499,098 compared to estimated FY 2014.

27 10 13. a. Notwithstanding any provision to the contrary,  
 27 11 including but not limited to requirements in section 8.41 or  
 27 12 provisions in 2013 or 2014 Iowa Acts regarding the receipt and  
 27 13 appropriation of federal block grants, federal funds from the  
 27 14 temporary assistance for needy families block grant received  
 27 15 by the state not otherwise appropriated in this section and  
 27 16 remaining available for the fiscal year beginning July 1, 2014,  
 27 17 are appropriated to the department of human services to the  
 27 18 extent as may be necessary to be used in the following priority  
 27 19 order:the family investment program, for state child care  
 27 20 assistance program payments for individuals enrolled in the  
 27 21 family investment program who are employed, and for the family  
 27 22 investment program share of costs to develop and maintain a

Allows the DHS to carryforward TANF funds.

DETAIL: Funds carried forward may be used for FIP and Child Care Assistance.

27 23 new, integrated eligibility determination system. The federal  
 27 24 funds appropriated in this paragraph "a" shall be expended only  
 27 25 after all other funds appropriated in subsection 1 for the  
 27 26 assistance under the family investment program, in subsection 6  
 27 27 for child care assistance, or in subsection 12 for the family  
 27 28 investment program share of the costs to continue to develop  
 27 29 and maintain a new, integrated eligibility determination  
 27 30 system, as applicable, have been expended.

27 31 b. The department shall, on a quarterly basis, advise the  
 27 32 legislative services agency and department of management of  
 27 33 the amount of funds appropriated in this subsection that was  
 27 34 expended in the prior quarter.

27 35 14. Of the amounts appropriated in this section, ~~\$6,481,004~~  
 28 1 \$12,962,008 for the fiscal year beginning July 1, 2014, is  
 28 2 transferred to the appropriation of the federal social services  
 28 3 block grant made to the department of human services for that  
 28 4 fiscal year.

28 5 15. For continuation of the program providing categorical  
 28 6 eligibility for the food assistance program as specified for  
 28 7 the program in the section of this division of this 2014 Act  
 28 8 relating to the family investment program account:

28 9	..... \$	12,500
28 10		<u>25,000</u>

28 11 16. The department may transfer funds allocated in this  
 28 12 section to the appropriations made in this division of this Act  
 28 13 for the same fiscal year for general administration and field  
 28 14 operations for resources necessary to implement and operate the  
 28 15 services referred to in this section and those funded in the  
 28 16 appropriation made in this division of this Act for the same  
 28 17 fiscal year for the family investment program from the general  
 28 18 fund of the state.

28 19 Sec. 7. 2013 Iowa Acts, chapter 138, section 137, is amended  
 28 20 to read as follows:

28 21 SEC. 137. FAMILY INVESTMENT PROGRAM ACCOUNT.

28 22 1. Moneys credited to the family investment program (FIP)  
 28 23 account for the fiscal year beginning July 1, 2014, and  
 28 24 ending June 30, 2015, shall be used to provide assistance in  
 28 25 accordance with chapter 239B.

28 26 2. The department may use a portion of the moneys credited  
 28 27 to the FIP account under this section as necessary for  
 28 28 salaries, support, maintenance, and miscellaneous purposes.

Requires the DHS to submit quarterly reports to the LSA and the Department of Management (DOM) regarding expenditures in this Section.

Requires \$12,962,008 of the federal TANF funds appropriated in this Section to be transferred to the federal Social Services Block Grant appropriation.

DETAIL: This is no change compared to estimated FY 2014.

TANF FY 2015 Block Grant appropriation to the Promoting Healthy Marriage Program.

DETAIL: This is no change compared to estimated FY 2014.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with TANF-funded programs and the FIP.

Requires funds credited to the FIP Account for FY 2014 to be used as specified.

Permits the DHS to use FIP funds for various administrative purposes.

28 29 3. The department may transfer funds allocated in this  
 28 30 section to the appropriations made in this division of this Act  
 28 31 for the same fiscal year for general administration and field  
 28 32 operations for resources necessary to implement and operate the  
 28 33 services referred to in this section and those funded in the  
 28 34 appropriation made in this division of this Act for the same  
 28 35 fiscal year for the family investment program from the general  
 29 1 fund of the state.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with this Section.

29 2 4. Moneys appropriated in this division of this Act and  
 29 3 credited to the FIP account for the fiscal year beginning July  
 29 4 1, 2014, and ending June 30, 2015, are allocated as follows:

Requires the TANF Block Grant funds appropriated to the FIP Account to be allocated as specified.

29 5 a. To be retained by the department of human services to  
 29 6 be used for coordinating with the department of human rights  
 29 7 to more effectively serve participants in FIP and other shared  
 29 8 clients and to meet federal reporting requirements under the  
 29 9 federal temporary assistance for needy families block grant:  
 29 10 ..... \$ 10,000  
 29 11 ..... 20,000

Allocates \$20,000 to the DHS to be used for administrative services.

DETAIL: This is no change compared to estimated FY 2014.

29 12 b. To the department of human rights for staffing,  
 29 13 administration, and implementation of the family development  
 29 14 and self-sufficiency grant program in accordance with section  
 29 15 216A.107:  
 29 16 ..... \$ 3,021,417  
 29 17 ..... 6,042,834

Allocates \$6,042,834 of the FY 2015 General Fund appropriation and TANF funds to the Department of Human Rights for the FaDSS Grant Program.

DETAIL: This is no change compared to estimated FY 2014.

29 18 (1) Of the funds allocated for the family development and  
 29 19 self-sufficiency grant program in this lettered paragraph,  
 29 20 not more than 5 percent of the funds shall be used for the  
 29 21 administration of the grant program.

Specifies that a maximum of 5.00% of the allocation be spent on administration of FaDSS Program grants.

29 22 (2) The department of human rights may continue to implement  
 29 23 the family development and self-sufficiency grant program  
 29 24 statewide during fiscal year 2014-2015.

Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2015.

29 25 c. For the diversion subaccount of the FIP account:  
 29 26 ..... \$ 849,200  
 29 27 ..... 815,000

Allocates \$815,000 of FY 2015 TANF funds for the FIP Diversion Subaccount.

DETAIL: This is a decrease of \$883,400 compared to estimated FY 2014.

29 28 A portion of the moneys allocated for the subaccount may  
 29 29 be used for field operations, salaries, data management  
 29 30 system development, and implementation costs and support  
 29 31 deemed necessary by the director of human services in order to  
 29 32 administer the FIP diversion program. To the extent moneys  
 29 33 allocated in this lettered paragraph are not deemed by the  
 29 34 department to be necessary to support diversion activities,  
 29 35 such moneys may be used for other efforts intended to increase

30 1 engagement by family investment program participants in work,  
30 2 education, or training activities.

30 3 d. For the food assistance employment and training program:  
30 4 .....\$ 33,294  
30 5 .....66,588

Allocates \$66,588 of FY 2015 FIP funds to the Food Stamp Employment and Training Program.

DETAIL: This is no change compared to estimated FY 2014.

30 6 (1) The department shall apply the federal supplemental  
30 7 nutrition assistance program (SNAP) employment and training  
30 8 state plan in order to maximize to the fullest extent permitted  
30 9 by federal law the use of the 50 percent federal reimbursement  
30 10 provisions for the claiming of allowable federal reimbursement  
30 11 funds from the United States department of agriculture  
30 12 pursuant to the federal SNAP employment and training program  
30 13 for providing education, employment, and training services  
30 14 for eligible food assistance program participants, including  
30 15 but not limited to related dependent care and transportation  
30 16 expenses.

Requires the Department to amend the Food Stamp Employment and Training State Plan to maximize federal matching funds received.

30 17 (2) The department shall continue the categorical federal  
30 18 food assistance program eligibility at 160 percent of the  
30 19 federal poverty level and continue to eliminate the asset test  
30 20 from eligibility requirements, consistent with federal food  
30 21 assistance program requirements. The department shall include  
30 22 as many food assistance households as is allowed by federal  
30 23 law. The eligibility provisions shall conform to all federal  
30 24 requirements including requirements addressing individuals who  
30 25 are incarcerated or otherwise ineligible.

Requires the DHS to continue Food Assistance Program eligibility to persons with income up to 160.00% of the Federal Poverty Level (FPL). The DHS is to conform to all federal requirements including requirements addressing individuals that are incarcerated.

30 26 e. For the JOBS program:  
30 27 .....\$ 9,845,408  
30 28 .....18,494,131

Permits the DHS to allocate \$18,494,131 of the FY 2015 General Fund appropriation and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$1,196,685 compared to estimated FY 2014 due to declining caseloads.

30 29 5. Of the child support collections assigned under FIP,  
30 30 an amount equal to the federal share of support collections  
30 31 shall be credited to the child support recovery appropriation  
30 32 made in this division of this Act. Of the remainder of the  
30 33 assigned child support collections received by the child  
30 34 support recovery unit, a portion shall be credited to the FIP  
30 35 account, a portion may be used to increase recoveries, and a  
31 1 portion may be used to sustain cash flow in the child support  
31 2 payments account. If as a consequence of the appropriations  
31 3 and allocations made in this section the resulting amounts  
31 4 are insufficient to sustain cash assistance payments and meet

Requires the federal share of child support collections recovered by the State to be credited to the Child Support Recovery Unit. The remainder of support collected is credited to the FIP account, and the DHS is permitted to use a portion to increase recoveries and to sustain cash flow in the child support payments account.

31 5 federal maintenance of effort requirements, the department  
 31 6 shall seek supplemental funding. If child support collections  
 31 7 assigned under FIP are greater than estimated or are otherwise  
 31 8 determined not to be required for maintenance of effort, the  
 31 9 state share of either amount may be transferred to or retained  
 31 10 in the child support payment account.

31 11 6. The department may adopt emergency rules for the family  
 31 12 investment, JOBS, food assistance, and medical assistance  
 31 13 programs if necessary to comply with federal requirements.

31 14 Sec. 8. 2013 Iowa Acts, chapter 138, section 138, is amended  
 31 15 to read as follows:  
 31 16 SEC. 138. FAMILY INVESTMENT PROGRAM GENERAL FUND. There  
 31 17 is appropriated from the general fund of the state to the  
 31 18 department of human services for the fiscal year beginning July  
 31 19 1, 2014, and ending June 30, 2015, the following amount, or  
 31 20 so much thereof as is necessary, to be used for the purpose  
 31 21 designated:  
 31 22 To be credited to the family investment program (FIP)  
 31 23 account and used for family investment program assistance under  
 31 24 chapter 239B:  
 31 25 ..... \$ 24,218,607  
 31 26 ..... 48,503,875

31 27 1. Of the funds appropriated in this section, ~~\$3,912,189~~  
 31 28 \$7,402,220 is allocated for the JOBS program.

31 29 2. Of the funds appropriated in this section, ~~\$1,581,927~~  
 31 30 \$3,163,854 is allocated for the family development and  
 31 31 self-sufficiency grant program.

31 32 3. Notwithstanding section 8.39, for the fiscal year  
 31 33 beginning July 1, 2014, if necessary to meet federal  
 31 34 maintenance of effort requirements or to transfer federal  
 31 35 temporary assistance for needy families block grant funding  
 32 1 to be used for purposes of the federal social services block

Permits the DHS to adopt emergency administrative rules for the FIP, Food Stamp Program, and Medical Assistance (Medicaid) Program.

General Fund appropriation to the DHS for the FIP, to be credited to the FIP Account. The appropriation for the FIP Account also contains funding for the PROMISE JOBS and FaDSS Programs.

DETAIL: This is no net change compared to estimated FY 2014. The changes include:

- An increase of \$3,502,157 for FIP to shift additional funding to the General Fund to meet MOE requirements.
- An increase of \$774,528 for Promise Jobs to shift additional funding to the General Fund to meet MOE requirements.
- An increase of \$422,157 for operation and maintenance costs for a new eligibility system (ELIAS).
- A decrease of \$1,196,685 due to a reduction the Promise Jobs caseload.
- A decrease of \$3,502,157 due to a reduction in FIP caseloads.

The appropriation maintains the current FIP payment levels (maximum grants of \$361 per month for a family with two persons and \$426 for a family with three persons).

General Fund allocation of \$7,402,220 for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$422,157 compared to the FY 2014 allocation.

General Fund allocation of \$3,163,854 for the FaDSS Program.

DETAIL: This is no change compared to the FY 2014 allocation.

Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet MOE requirements.

32 2 grant or to meet cash flow needs resulting from delays in  
 32 3 receiving federal funding or to implement, in accordance with  
 32 4 this division of this Act, activities currently funded with  
 32 5 juvenile court services, county, or community moneys and state  
 32 6 moneys used in combination with such moneys, the department  
 32 7 of human services may transfer funds within or between any  
 32 8 of the appropriations made in this division of this Act and  
 32 9 appropriations in law for the federal social services block  
 32 10 grant to the department for the following purposes, provided  
 32 11 that the combined amount of state and federal temporary  
 32 12 assistance for needy families block grant funding for each  
 32 13 appropriation remains the same before and after the transfer:  
 32 14 a. For the family investment program.  
 32 15 b. For child care assistance.  
 32 16 c. For child and family services.  
 32 17 d. For field operations.  
 32 18 e. For general administration.  
 32 19 f. For distribution to counties or regions for services to  
 32 20 persons with mental illness or an intellectual disability.  
 32 21 This subsection shall not be construed to prohibit the use  
 32 22 of existing state transfer authority for other purposes. The  
 32 23 department shall report any transfers made pursuant to this  
 32 24 subsection to the legislative services agency.

32 25 4. Of the funds appropriated in this section, ~~\$97,839~~  
 32 26 \$195,678 shall be used for continuation of a grant to an  
 32 27 lowa-based nonprofit organization with a history of providing  
 32 28 tax preparation assistance to low-income lowans in order to  
 32 29 expand the usage of the earned income tax credit. The purpose  
 32 30 of the grant is to supply this assistance to underserved areas  
 32 31 of the state.

General Fund allocation of \$195,678 to provide tax preparation assistance for low-income lowans.

DETAIL: This is no change compared to the FY 2014 allocation.

32 32 5. Of the funds appropriated in this section, ~~\$20,000~~  
 32 33 \$40,000 shall be used for the continuation of an unfunded  
 32 34 pilot project, as defined in 441 IAC 100.1, relating to  
 32 35 parental obligations, in which the child support recovery  
 33 1 unit participates, to support the efforts of a nonprofit  
 33 2 organization committed to strengthening the community through  
 33 3 youth development, healthy living, and social responsibility in  
 33 4 a county with a population over 350,000. The funds allocated  
 33 5 in this subsection shall be used by the recipient organization  
 33 6 to develop a larger community effort, through public and  
 33 7 private partnerships, to support a broad-based fatherhood  
 33 8 initiative that promotes payment of child support obligations,  
 33 9 improved family relationships, and full-time employment.

General Fund allocation of \$40,000 for a Fatherhood Initiative Pilot Project.

DETAIL: This is no change compared to the FY 2014 allocation. This is the second year for the Project.

33 10 6. The department may transfer funds appropriated in this  
 33 11 section to the appropriations made in this division of this Act

Allows the DHS to transfer funds appropriated in this Section for General Administration and Field Operations when necessary to

33 12 for general administration and field operations as necessary  
33 13 to administer this section and the overall family investment  
33 14 program.

administer the Family Investment Program.

33 15 Sec. 9. 2013 Iowa Acts, chapter 138, section 139, is amended  
33 16 to read as follows:  
33 17 SEC. 139. CHILD SUPPORT RECOVERY. There is appropriated  
33 18 from the general fund of the state to the department of human  
33 19 services for the fiscal year beginning July 1, 2014, and ending  
33 20 June 30, 2015, the following amount, or so much thereof as is  
33 21 necessary, to be used for the purposes designated:  
33 22 For child support recovery, including salaries, support,  
33 23 maintenance, and miscellaneous purposes, and for not more than  
33 24 the following full-time equivalent positions:  
33 25 ..... \$ 7,086,885  
33 26 ..... 14,911,230  
33 27 ..... FTEs 464.00

General Fund appropriation to the DHS for the Child Support Recovery Unit.

DETAIL: This is an increase of \$696,149 and 5.00 FTE positions compared to estimated FY 2014. The changes include:

- An increase of \$483,963 to replace lost federal incentives and other one-time funding.
- An increase of \$212,186 due to increased costs of service.
- A general increase of 5.00 FTE positions to match the FY 2014 appropriation.

33 28 1. The department shall expend up to ~~\$12,165~~ \$24,329,  
33 29 including federal financial participation, for the fiscal year  
33 30 beginning July 1, 2014, for a child support public awareness  
33 31 campaign. The department and the office of the attorney  
33 32 general shall cooperate in continuation of the campaign. The  
33 33 public awareness campaign shall emphasize, through a variety  
33 34 of media activities, the importance of maximum involvement of  
33 35 both parents in the lives of their children as well as the  
34 1 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,329 during FY 2015 for a child support public awareness campaign. The funding limitation includes federal funds. The campaign is to be operated in cooperation with the Office of the Attorney General and is to emphasize parental involvement and financial support.

DETAIL: This is no change to the current level of support.

34 2 2. Federal access and visitation grant moneys shall be  
34 3 issued directly to private not-for-profit agencies that provide  
34 4 services designed to increase compliance with the child access  
34 5 provisions of court orders, including but not limited to  
34 6 neutral visitation sites and mediation services.

Specifies the process for utilization of receipts from federal Access and Visitation Grants.

34 7 3. The appropriation made to the department for child  
34 8 support recovery may be used throughout the fiscal year in the  
34 9 manner necessary for purposes of cash flow management, and for  
34 10 cash flow management purposes the department may temporarily  
34 11 draw more than the amount appropriated, provided the amount  
34 12 appropriated is not exceeded at the close of the fiscal year.

Permits the DHS to use the appropriation as necessary and draw more than appropriated if needed to solve any cash flow problems, provided the amount appropriated is not exceeded at the end of the fiscal year.

34 13 4. With the exception of the funding amount specified, the  
34 14 requirements established under 2001 Iowa Acts, chapter 191,  
34 15 section 3, subsection 5, paragraph "c", subparagraph (3), shall  
34 16 be applicable to parental obligation pilot projects for the  
34 17 fiscal year beginning July 1, 2014, and ending June 30, 2015.  
34 18 Notwithstanding 441 IAC 100.8, providing for termination of  
34 19 rules relating to the pilot projects, the rules shall remain

Specifies that the Department is to continue to operate the Child Support Recovery Unit under the guidelines established in [HF 732 \(FY 2002 Health and Human Services Appropriations Act\)](#).

34 20 in effect until June 30, 2015.

34 21 Sec. 10. 2013 Iowa Acts, chapter 138, section 140, is  
34 22 amended to read as follows:

34 23 SEC. 140. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —  
34 24 FY ~~2013-2014~~ 2014-2015 . Any funds remaining in the health  
34 25 care trust fund created in section 453A.35A for the fiscal  
34 26 year beginning July 1, 2014, and ending June 30, 2015, are  
34 27 appropriated to the department of human services to supplement  
34 28 the medical assistance program appropriations made in this  
34 29 division of this Act, for medical assistance reimbursement and  
34 30 associated costs, including program administration and costs  
34 31 associated with program implementation.

Appropriates the balance of the Health Care Trust Fund (HCTF) to the Medicaid Program for FY 2014.

DETAIL: It is estimated that there will be \$221,790,000 available. This is a decrease of \$2,626,400 compared to estimated FY 2014. The decrease is due to the reduction in collection of tobacco taxes.

34 32 Sec. 11. 2013 Iowa Acts, chapter 138, section 142,  
34 33 unnumbered paragraph 2, is amended to read as follows:

34 34 For medical assistance program reimbursement and associated  
34 35 costs as specifically provided in the reimbursement  
35 1 methodologies in effect on June 30, 2014, except as otherwise  
35 2 expressly authorized by law, consistent with options under  
35 3 federal law and regulations, and contingent upon receipt of  
35 4 approval from the office of the governor of reimbursement for  
35 5 each abortion performed under the program:  
35 6 .....\$1,143,810,311  
35 7 .....1,248,320,932

General Fund appropriation to the DHS for the Medicaid Program.

DETAIL: This is a net increase of \$104,112,127 compared to estimated FY 2014. The changes include:

- An increase of \$38,192,881 to replace a funding shortfall in FY 2014.
- An increase of \$35,139,094 to replace federal funds due to a reduction in the Federal Medical Assistance Percentage (FMAP) rate.
- An increase of \$16,191,074 to replace one-time and expiring revenue sources.
- An increase of \$13,366,589 due to program growth for mental health services, enrollment, and FMAP.
- An increase of \$8,076,590 for the Home and Community-Based Services (HCBS) Waiver and Home Health inflation.
- An increase of \$7,385,771 to replace carryforward from FY 2014.
- An increase of \$5,369,431 due to managed care growth.
- An increase of \$5,151,477 to reduce the number of individuals on the HCBS waiver waiting list.
- An increase of \$3,831,362 due to increases in the behavioral health services contract.
- An increase of \$2,696,082 due to fee-for-service enrollment increases.
- An increase of \$2,114,318 due to increases in nursing facility bed days.
- An increase of \$1,872,169 due to increases in Targeted Case Management (TCM).
- An increase of \$1,351,060 due to miscellaneous program growth.
- An increase of \$252,000 due to an increase in eligibility for Miller Trusts.
- A decrease of \$200,000 to reflect the Governor's veto of the

35 8 Sec. 12. 2013 Iowa Acts, chapter 138, section 142,  
 35 9 subsection 11, paragraph a, is amended to read as follows:  
 35 10 11. a. Of the funds appropriated in this section,  
 35 11 ~~\$7,969,074~~ \$8,391,922 is allocated for the state match for  
 35 12 a disproportionate share hospital payment of \$19,133,430  
 35 13 to hospitals that meet both of the conditions specified  
 35 14 in subparagraphs (1) and (2). In addition, the hospitals  
 35 15 that meet the conditions specified shall either certify  
 35 16 public expenditures or transfer to the medical assistance  
 35 17 program an amount equal to provide the nonfederal share for a  
 35 18 disproportionate share hospital payment of \$7,500,000. The  
 35 19 hospitals that meet the conditions specified shall receive and  
 35 20 retain 100 percent of the total disproportionate share hospital  
 35 21 payment of \$26,633,430.

35 22 Sec. 13. 2013 Iowa Acts, chapter 138, section 142,  
 35 23 subsection 18, paragraph a, is amended to read as follows:  
 35 24 a. The department shall continue to implement the cost  
 35 25 containment strategies for the medical assistance program in  
 35 26 the fiscal year beginning July 1, 2014, that were recommended  
 35 27 by the governor for the fiscal year beginning July 1, 2013, as  
 35 28 specified in this Act and may adopt emergency rules for such  
 35 29 implementation. The department shall not implement the cost  
 35 30 containment strategy that requires transition of the provision  
 35 31 of personal care under the consumer-directed attendant  
 35 32 care option to agency-provided personal care services while  
 35 33 retaining the consumer choice option for those individuals able  
 35 34 and desiring to self-direct services.

35 35 Sec. 14. 2013 Iowa Acts, chapter 138, section 142,  
 36 1 subsection 18, is amended by adding the following new  
 36 2 paragraph:  
 36 3 NEW PARAGRAPH 0e. The department shall report the  
 36 4 implementation of any cost containment strategies under this  
 36 5 subsection to the individuals specified in this division of

- Chronic Care Consortium.
- A decrease of \$2,085,800 due to a funding adjustment to Medicaid.
  - A decrease of \$4,819,338 due to increased recoveries and offsets.
  - A decrease of \$8,715,473 to reflect the Governor's veto of the HCBS Waiver waiting list buydown.
  - A decrease of \$9,135,935 due to savings related to the implementation of Health Homes.
  - A decrease of \$11,921,225 to eliminate a transfer to the IowaCare Program that expired December 31, 2013.

Allocates \$8,391,922 of Medicaid funds for the State match for the Disproportionate Share Hospital (DSH) payment of \$19,133,430. In addition, the UIHC is to either use Certified Public Expenditures or transfer \$7,500,000 to the Medicaid Program to provide the nonfederal share of the DSH payment. The UIHC will retain 100.00% of the DSH payment of \$26,633,430.

Prohibits the DHS from implementing the cost containment strategy from SF 446 (FY 2014 Health and Human Services Appropriations Act) that requires Consumer-Directed Attendant Care (CDAC) providers to transition to agency provided personal care services or the Consumer Choice Option (CCO).

Requires the DHS to report on the implementation of the cost containment strategies in this Division on an annual basis to the LSA and the DOM.

36 6 this Act for submission of reports on an annual basis.

36 7 Sec. 15. 2013 Iowa Acts, chapter 138, section 142, is  
36 8 amended by adding the following new subsections:  
36 9 NEW SUBSECTION 22. Of the funds appropriated in this  
36 10 section, \$5,151,477 shall be used to implement reductions  
36 11 in the waiting lists of all medical assistance home and  
36 12 community-based services waivers. The funds shall be expended  
36 13 to add an equal number of waiver waiting list slots to each of  
36 14 the types of waivers.

Allocates \$5,151,477 to reduce the Medicaid HCBS waiver waiting lists.

DETAIL: As of February 2014, there were 7,590 individuals on the waiting lists, including:

- 2,793 on the Health and Disability Waiver waiting list.
- 914 on the Brain Injury Waiver waiting list.
- 1,644 on the Children's Mental Health Waiver waiting list.
- 2,239 on the Physical Disability Waiver waiting list.

36 15 NEW SUBSECTION 23. The department of human services shall  
36 16 collaborate with the Medicaid managed care organization to  
36 17 perform an analysis to determine the cost effectiveness of  
36 18 including the pharmacy benefit for enrollees of the managed  
36 19 care plan within the managed care organization contract.  
36 20 The analysis shall determine if the change would result in  
36 21 savings to the Medicaid program, and if so, the best means  
36 22 of implementing the change. The department shall report the  
36 23 results of the analysis to the individuals identified in this  
36 24 division of this Act for submission of reports by December 15,  
36 25 2014, and shall not implement the inclusion of the pharmacy  
36 26 benefit in the managed care organization contract without prior  
36 27 approval of the general assembly.

Requires the DHS to perform an analysis of the Medicaid pharmacy benefit in the managed care organization plan for Medicaid members under the MEDIPASS Program and the Iowa Health and Wellness Plan (I-HAWP).

36 28 Sec. 16. 2013 Iowa Acts, chapter 138, section 143, is  
36 29 amended to read as follows:  
36 30 SEC. 143. MEDICAL CONTRACTS. There is appropriated from the  
36 31 general fund of the state to the department of human services  
36 32 for the fiscal year beginning July 1, ~~2013~~ 2014, and ending  
36 33 June 30, ~~2014~~ 2015, the following amount, or so much thereof as  
36 34 is necessary, to be used for the purpose designated:  
36 35 For medical contracts:  
37 1 ..... \$ 6,145,785  
37 2 ..... 17,148,576

General Fund appropriation to Medical Contracts.

DETAIL: This an increase of \$4,828,528 compared to estimated FY 2014. The changes include:

- An increase of \$1,597,515 due to increased administrative costs for the Iowa Health and Wellness Program (I-HAWP).
- An increase of \$1,223,367 due to increased contract, operations, and information technology (IT) costs.
- An increase of \$1,182,436 to replace one-time funding from the Pharmaceutical Settlement Account.
- An increase of \$1,000,000 for the Autism Treatment Program.
- A decrease of \$75,000 due to the elimination of the allocation for Uniform Cost Reports.
- A decrease of \$99,790 due to the elimination of the allocation for Electronic Medical Records.

37 3 1. The department of inspections and appeals shall  
37 4 provide all state matching funds for survey and certification  
37 5 activities performed by the department of inspections

Requires the Department of Inspections and Appeals (DIA) to provide the State matching funds for survey and certification activities.

<p>37 6 and appeals. The department of human services is solely  37 7 responsible for distributing the federal matching funds for  37 8 such activities.</p>	
<p>37 9 2. Of the funds appropriated in this section, <del>\$25,000</del>  37 10 <u>\$50,000</u> shall be used for continuation of home and  37 11 community-based services waiver quality assurance programs,  37 12 including the review and streamlining of processes and policies  37 13 related to oversight and quality management to meet state and  37 14 federal requirements.</p>	<p>Allocates \$50,000 to be used for an HCBS Waiver Quality Assurance Program to review and streamline processes and policies related to oversight.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>37 15 3. Of the amount appropriated in this section, up to  37 16 <del>\$100,000</del> <u>\$200,000</u> may be transferred to the appropriation  37 17 for general administration in this division of this Act to  37 18 be used for additional full-time equivalent positions in the  37 19 development of key health initiatives such as cost containment,  37 20 development and oversight of managed care programs, and  37 21 development of health strategies targeted toward improved  37 22 quality and reduced costs in the Medicaid program.</p>	<p>Allows up to \$200,000 to be transferred to the DHS General Administration to hire additional FTE positions to implement cost containment or managed care oversight initiatives.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>37 23 4. Of the funds appropriated in this section, <del>\$500,000</del>  37 24 <u>\$1,000,000</u> shall be used for planning and development,  37 25 in cooperation with the department of public health, of a  37 26 phased-in program to provide a dental home for children.</p>	<p>Allocates \$1,000,000 for the I-Smile Program.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>37 27 <del>5. Of the funds appropriated in this section, \$37,500 shall</del>  37 28 <del>be used for continued implementation of a uniform cost report.</del></p>	<p>Eliminates the allocation for creating a Uniform Cost Report.</p> <p>DETAIL: This project has concluded.</p>
<p>37 29 6. Of the funds appropriated in this section, <del>\$1,000,000</del>  37 30 <u>\$3,000,000</u> shall be used for the autism support program created  37 31 in chapter 225D, as enacted in this Act.</p>	<p>Allocates \$3,000,000 for an autism treatment program.</p> <p>DETAIL: This is an increase of \$1,000,000 compared to the estimated FY 2014 appropriation. This Program was new in FY 2014, and the funds are to be used to provide Applied Behavioral Analysis and other treatment for children that do not qualify for Medicaid or private insurance autism coverage.</p>
<p>37 32 <del>7. Of the funds appropriated in this section, \$49,895 shall</del>  37 33 <del>be used for continued implementation of an electronic medical</del>  37 34 <del>records system.</del></p>	<p>Eliminates the allocation for implementing an Electronic Medical Records System.</p> <p>DETAIL: This project has concluded.</p>
<p>37 35 <u>8. The department shall submit a progress report to</u>  38 1 <u>the individuals identified in this division of this Act</u>  38 2 <u>for submission of reports by December 15, 2014, regarding</u>  38 3 <u>implementation of a uniform cost report.</u>  38 4 Sec. 17. 2013 Iowa Acts, chapter 138, section 144, is</p>	<p>Requires the DHS to submit a progress report on the implementation of a uniform cost report.</p>

38 5 amended to read as follows:

38 6 SEC. 144. STATE SUPPLEMENTARY ASSISTANCE.

38 7 1. There is appropriated from the general fund of the  
 38 8 state to the department of human services for the fiscal year  
 38 9 beginning July 1, 2014, and ending June 30, 2015, the following  
 38 10 amount, or so much thereof as is necessary, to be used for the  
 38 11 purpose designated:

38 12 For the state supplementary assistance program:  
 38 13 .....\$ 8,256,087  
 38 14 ..... 14,121,154

38 15 2. The department shall increase the personal needs  
 38 16 allowance for residents of residential care facilities by the  
 38 17 same percentage and at the same time as federal supplemental  
 38 18 security income and federal social security benefits are  
 38 19 increased due to a recognized increase in the cost of living.  
 38 20 The department may adopt emergency rules to implement this  
 38 21 subsection.

38 22 3. If during the fiscal year beginning July 1, 2014,  
 38 23 the department projects that state supplementary assistance  
 38 24 expenditures for a calendar year will not meet the federal  
 38 25 pass-through requirement specified in Tit.XVI of the federal  
 38 26 Social Security Act, section 1618, as codified in 42 U.S.C.  
 38 27 §1382g, the department may take actions including but not  
 38 28 limited to increasing the personal needs allowance for  
 38 29 residential care facility residents and making programmatic  
 38 30 adjustments or upward adjustments of the residential care  
 38 31 facility or in-home health-related care reimbursement rates  
 38 32 prescribed in this division of this Act to ensure that federal  
 38 33 requirements are met. In addition, the department may make  
 38 34 other programmatic and rate adjustments necessary to remain  
 38 35 within the amount appropriated in this section while ensuring  
 39 1 compliance with federal requirements. The department may adopt  
 39 2 emergency rules to implement the provisions of this subsection.

39 3 Sec. 18. 2013 Iowa Acts, chapter 138, section 145, is  
 39 4 amended to read as follows:

39 5 SEC. 145. CHILDREN'S HEALTH INSURANCE PROGRAM.

39 6 1. There is appropriated from the general fund of the  
 39 7 state to the department of human services for the fiscal year  
 39 8 beginning July 1, 2014, and ending June 30, 2015, the following  
 39 9 amount, or so much thereof as is necessary, to be used for the  
 39 10 purpose designated:

39 11 For maintenance of the healthy and well kids in Iowa (hawk-i)  
 39 12 program pursuant to chapter 514I, including supplemental dental  
 39 13 services, for receipt of federal financial participation under

General Fund appropriation to the DHS for State Supplementary Assistance.

DETAIL: This is an decrease of \$2,395,704 compared to estimated FY 2014 due to lower caseloads.

Requires the DHS to increase the personal needs allowance of residential care facilities residents at the same rate and time as federal Supplemental Security Income (SSI) and Social Security benefits are increased. Permits the DHS to adopt emergency rules for implementation.

Permits the DHS to adjust rates for State Supplementary Assistance to meet federal MOE requirements. Permits the DHS to adopt emergency rules for implementation.

General Fund appropriation to the DHS for the Children's Health Insurance Program, also known as the hawk-i Program.

DETAIL: This is an increase of \$9,060,737 compared to estimated FY 2014. The changes include:

- An increase of \$3,080,838 to replace revenues from the hawk-i Trust Fund.
- An increase of \$3,063,803 due to growth in caseloads.
- An increase of \$1,482,307 due to increases in premiums.
- An increase of \$1,433,789 due to a reduction in the FMAP rate.

39 14 Tit.XXI of the federal Social Security Act, which creates the  
 39 15 children's health insurance program:  
 39 16 ..... \$ 18,403,054  
 39 17 ..... 45,877,998

39 18 2. Of the funds appropriated in this section, ~~\$70,725~~  
 39 19 ~~\$153,500~~ is allocated for continuation of the contract for  
 39 20 outreach with the department of public health.  
 39 21 3. The department of human services shall request approval  
 39 22 from the centers for Medicare and Medicaid services of the  
 39 23 United States department of health and human services to  
 39 24 utilize administrative funding under the federal Children's  
 39 25 Health Insurance Program Reauthorization Act of 2009, Pub.  
 39 26 L. No.111-3, to provide the maximum federal matching funds  
 39 27 available to implement a new health services initiative as  
 39 28 provided under section 2105(a)(1)(D)(ii) of the federal Social  
 39 29 Security Act, to fund the state poison control center.

39 30 Sec. 19. 2013 Iowa Acts, chapter 138, section 146, is  
 39 31 amended to read as follows:  
 39 32 SEC. 146. CHILD CARE ASSISTANCE. There is appropriated  
 39 33 from the general fund of the state to the department of human  
 39 34 services for the fiscal year beginning July 1, 2014, and ending  
 39 35 June 30, 2015, the following amount, or so much thereof as is  
 40 1 necessary, to be used for the purpose designated:  
 40 2 For child care programs:  
 40 3 ..... \$ 31,354,897  
 40 4 ..... 45,622,828  
 40 5 1. Of the funds appropriated in this section, ~~\$27,377,595~~  
 40 6 ~~\$37,903,401~~ shall be used for state child care assistance in  
 40 7 accordance with section 237A.13.

40 8 2. Nothing in this section shall be construed or is  
 40 9 intended as or shall imply a grant of entitlement for services  
 40 10 to persons who are eligible for assistance due to an income  
 40 11 level consistent with the waiting list requirements of section  
 40 12 237A.13. Any state obligation to provide services pursuant to

Allocates \$153,500 for the continuation of an outreach contract with the DPH.

DETAIL: This is an increase of \$12,050 compared to the estimated FY 2014 allocation. The increase is due the the lower FMAP rate. The total amount of State and federal dollars allocated to this contract will remain unchanged.

General Fund appropriation for the DHS for Child Care Assistance.

DETAIL: This is a net decrease of \$17,112,735 compared to estimated FY 2014. The changes include:

- An increase of \$3,000,000 due to a one-time replacement of funds from TANF.
- An increase of \$1,818,140 due to a one-time replacement of federal carryforward funds.
- An increase of \$472,547 to replace a reduction to the federal CCDF grant.
- An increase of \$318,572 to replace one-time funding for Child Care Facility Fund records checks.
- A decrease of \$2,238,779 due to lower estimated child care expenditures.
- A decrease of \$100,000 due to one time database expenditures in FY 2014.
- A decrease of \$12,214,423 due to increased TANF funding for FY 2015.
- A decrease of \$2,866,414 due to a reduction allowed through available federal surplus funds in FY 2014.
- A decrease of \$5,302,378 due to the carryforward of projected FY 2014 surplus funds.

Specifies that assistance from the Child Care Assistance Program is not an entitlement and the State's obligation to provide services is limited to the funds available.

40 13 this section is limited to the extent of the funds appropriated  
40 14 in this section.

40 15 3. Of the funds appropriated in this section, ~~\$216,227~~  
40 16 \$432,453 is allocated for the statewide grant program for child  
40 17 care resource and referral services under section 237A.26.  
40 18 A list of the registered and licensed child care facilities  
40 19 operating in the area served by a child care resource and  
40 20 referral service shall be made available to the families  
40 21 receiving state child care assistance in that area.

Allocates \$432,453 for the Statewide Child Care Resource and Referral Program.

DETAIL: This is no change compared to the FY 2014 allocation. Requires a list of the registered and licensed child care facilities to be made available by Child Care Resource and Referral Programs to families receiving assistance under the Child Care Assistance Program.

40 22 4. Of the funds appropriated in this section, ~~\$468,487~~  
40 23 \$936,974 is allocated for child care quality improvement  
40 24 initiatives including but not limited to the voluntary quality  
40 25 rating system in accordance with section 237A.30.

Allocates \$936,974 for the Quality Rating System (QRS).

DETAIL: This is no change compared to the FY 2014 allocation.

40 26 ~~—5.—Of the funds appropriated in this section, \$67,589 shall~~  
40 27 ~~be used to conduct fingerprint-based national criminal history~~  
40 28 ~~record checks of home-based child care providers pursuant~~  
40 29 ~~to section 237A.5, subsection 2, through the United States~~  
40 30 ~~department of justice, federal bureau of investigation.~~  
40 31 ~~—6.—Of the amount appropriated in this section, up to~~  
40 32 ~~\$12,500 shall be used to continue to implement a searchable~~  
40 33 ~~internet-based application as part of the consumer information~~  
40 34 ~~made available under section 237A.25. The application shall~~  
40 35 ~~provide a listing of the child care providers in this state~~  
41 1 ~~that have received a rating under the voluntary quality rating~~  
41 2 ~~system implemented pursuant to section 237A.30 and information~~  
41 3 ~~on whether a provider specializes in child care for infants,~~  
41 4 ~~school-age children, children with special needs, or other~~  
41 5 ~~populations or provides any other specialized services to~~  
41 6 ~~support family needs.~~

41 7 7. Of the funds appropriated in this section, ~~\$3,175,000~~  
41 8 \$6,350,000 shall be credited to the early childhood programs  
41 9 grants account in the early childhood Iowa fund created  
41 10 in section 256I.11. The moneys shall be distributed for  
41 11 funding of community-based early childhood programs targeted  
41 12 to children from birth through five years of age developed  
41 13 by early childhood Iowa areas in accordance with approved  
41 14 community plans as provided in section 256I.8.

Transfers \$6,350,000 to the Early Childhood Programs Grant Account in the Early Childhood Iowa Fund.

DETAIL: This transfer was also in effect for FY 2014.

41 15 8. The department may use any of the funds appropriated  
41 16 in this section as a match to obtain federal funds for use in  
41 17 expanding child care assistance and related programs. For  
41 18 the purpose of expenditures of state and federal child care  
41 19 funding, funds shall be considered obligated at the time

Permits funds appropriated for child care to be used as matching funds for federal grants. Specifies that funds are obligated when expenditures are projected or allocated to the DHS regions.

DETAIL: This provision was also in effect for FY 2014.

41 20 expenditures are projected or are allocated to the department's  
 41 21 service areas. Projections shall be based on current and  
 41 22 projected caseload growth, current and projected provider  
 41 23 rates, staffing requirements for eligibility determination  
 41 24 and management of program requirements including data systems  
 41 25 management, staffing requirements for administration of the  
 41 26 program, contractual and grant obligations and any transfers  
 41 27 to other state agencies, and obligations for decategorization  
 41 28 or innovation projects.

41 29 9. A portion of the state match for the federal child care  
 41 30 and development block grant shall be provided as necessary to  
 41 31 meet federal matching funds requirements through the state  
 41 32 general fund appropriation made for child development grants  
 41 33 and other programs for at-risk children in section 279.51.

Requires a portion of the State match for the federal Child Care and Development Block Grant to be provided from the State appropriation for child development grants and other programs for at-risk children as necessary to meet federal matching requirements.

41 34 10. If a uniform reduction ordered by the governor under  
 41 35 section 8.31 or other operation of law, transfer, or federal  
 42 1 funding reduction reduces the appropriation made in this  
 42 2 section for the fiscal year, the percentage reduction in the  
 42 3 amount paid out to or on behalf of the families participating  
 42 4 in the state child care assistance program shall be equal to or  
 42 5 less than the percentage reduction made for any other purpose  
 42 6 payable from the appropriation made in this section and the  
 42 7 federal funding relating to it. The percentage reduction to  
 42 8 the other allocations made in this section shall be the same as  
 42 9 the uniform reduction ordered by the governor or the percentage  
 42 10 change of the federal funding reduction, as applicable.  
 42 11 If there is an unanticipated increase in federal funding  
 42 12 provided for state child care assistance, the entire amount  
 42 13 of the increase shall be used for state child care assistance  
 42 14 payments. If the appropriations made for purposes of the  
 42 15 state child care assistance program for the fiscal year are  
 42 16 determined to be insufficient, it is the intent of the general  
 42 17 assembly to appropriate sufficient funding for the fiscal year  
 42 18 in order to avoid establishment of waiting list requirements.

Requires the DHS to apply any reductions to the child care assistance appropriation, either State or federal, that result in a reduction to subsidy payments to families, in amounts equal to or less than the percentage of the reduction. Also requires any unanticipated increase in federal funding to be used only for the Child Care Assistance Subsidy Program. Specifies that it is the intent of the General Assembly to provide sufficient funding for the Program in FY 2015 to avoid the establishment of a waiting list.

42 19 11. Notwithstanding section 8.33, moneys advanced for  
 42 20 purposes of the programs developed by early childhood Iowa  
 42 21 areas, advanced for purposes of wraparound child care, or  
 42 22 received from the federal appropriations made for the purposes  
 42 23 of this section that remain unencumbered or unobligated at the  
 42 24 close of the fiscal year shall not revert to any fund but shall  
 42 25 remain available for expenditure for the purposes designated  
 42 26 until the close of the succeeding fiscal year.  
 42 27 Sec. 20. 2013 Iowa Acts, chapter 138, section 147, is  
 42 28 amended to read as follows:

Permits nonreversion of FY 2015 funds advanced for purposes of programs developed by Early Childhood Iowa areas or purposes of wraparound child care, or received from federal appropriations for child care assistance.

42 29 SEC. 147. JUVENILE INSTITUTIONS. There is appropriated  
 42 30 from the general fund of the state to the department of human  
 42 31 services for the fiscal year beginning July 1, 2014, and ending  
 42 32 June 30, 2015, the following amounts, or so much thereof as is  
 42 33 necessary, to be used for the purposes designated:

General Fund appropriation to the DHS for Juvenile Institutions.

42 34 1. For ~~operation of the costs of security, building and~~  
 42 35 ~~grounds maintenance, utilities, salary, and support for the~~  
 43 1 ~~facilities located at~~ the Iowa juvenile home at Toledo and for  
 43 2 salaries, support, maintenance, and miscellaneous purposes, and  
 43 3 for not more than the following full-time equivalent positions:  
 43 4 ..... \$ 4,429,678  
 43 5 ..... 788,531  
 43 6 ..... FTEs 114.00  
 43 7 ..... 2.00

General Fund appropriation to the Iowa Juvenile Home at Toledo.

DETAIL: This is a decrease of \$8,078,590 and 112.00 FTE positions compared to estimated FY 2014. The General Fund changes include:

- A decrease of \$8,859,355 and 99.00 FTE positions to close the facility. Click [here](#) for more information about the Facility's closure.
- An increase of \$780,765 to maintain the facility grounds, security, maintenance, and utilities.

43 8 The full-time equivalent positions authorized by this  
 43 9 subsection, as amended by this 2014 Act, are intended to be  
 43 10 filled by the maintenance staff persons performing such duties  
 43 11 at the time the Iowa juvenile home was closed in January 2014.

Requires the positions authorized in this subsection to be filled by the staff occupying the positions when the Home was closed in January 2014.

43 12 2. For operation of the state training school at Eldora and  
 43 13 for salaries, support, maintenance, and miscellaneous purposes,  
 43 14 and for not more than the following full-time equivalent  
 43 15 positions:  
 43 16 ..... \$ 5,628,485  
 43 17 ..... 11,500,098  
 43 18 ..... FTEs 164.30

General Fund appropriation to the State Training School at Eldora.

DETAIL: This is an increase of \$231,896 and no change in FTE positions compared to estimated FY 2014. The General Fund changes include:

- An increase of \$168,140 to meet new federal sexual harassment and abuse prevention standards.
- An increase of \$63,756 due to cost increases for pharmacy, food, transportation, utilities, and Workers' Compensation.

43 19 Of the funds appropriated in this subsection, ~~\$45,575~~  
 43 20 ~~\$91,150~~ shall be used for distribution to licensed classroom  
 43 21 teachers at this and other institutions under the control of  
 43 22 the department of human services based upon the average student  
 43 23 yearly enrollment at each institution as determined by the  
 43 24 department.

General Fund allocation of \$91,150 for licensed classroom teachers in State institutions.

DETAIL: This is no change compared to the FY 2014 allocation.

43 25 3. A portion of the moneys appropriated in this section  
 43 26 shall be used by the state training school and by the Iowa  
 43 27 juvenile home for grants for adolescent pregnancy prevention  
 43 28 activities at the institutions in the fiscal year beginning  
 43 29 July 1, 2014.

Requires a portion of the funds appropriated for Eldora State Training School to be used for pregnancy prevention activities in FY 2015.

DETAIL: This provision was also in effect for FY 2014.

43 30 Sec. 21. 2013 Iowa Acts, chapter 138, is amended by adding

General Fund appropriation of \$5,110,534 for children adjudicated as

43 31 the following new section:  
 43 32 NEW SECTION SEC. 147A. CHILDREN ADJUDICATED AS DELINQUENT  
 43 33 OR CHILD IN NEED OF ASSISTANCE — IOWA JUVENILE HOME. There  
 43 34 is appropriated from the general fund of the state to the  
 43 35 department of human services for the fiscal year beginning July  
 44 1 1, 2014, and ending June 30, 2015, the following amount, or  
 44 2 so much thereof as is necessary, to be used for the purposes  
 44 3 designated:  
 44 4 For the placement costs of female children adjudicated  
 44 5 as delinquent and male and female children adjudicated as a  
 44 6 child in need of assistance, and for the costs of compensatory  
 44 7 education for children formerly placed at the Iowa juvenile  
 44 8 home at Toledo:  
 44 9 ..... \$ 5,110,534

delinquent or Children in Need of Assistance (CINA).

DETAIL: This is a new appropriation for FY 2015. General Fund changes include:

- An increase of \$3,892,534 for placements of female children adjudicated as delinquent and male and female CINA children.
- An increase of \$1,218,000 for the compensatory education of certain children placed at the Iowa Juvenile Home from October 7 through December 20, 2013.

44 10 1. Of the funds appropriated in this section, \$3,892,534  
 44 11 shall be used for the placement costs of female children  
 44 12 adjudicated as delinquent and male and female children  
 44 13 adjudicated as a child in need of assistance, who are deemed by  
 44 14 the department to be eligible for use of the funds.

Allocates \$3,892,534 for placements of female children adjudicated as delinquent and male and female CINA children.

DETAIL: This is a new allocation for FY 2015.

44 15 2. Of the funds appropriated in this section, \$1,218,000  
 44 16 shall be used for the costs of compensatory education to  
 44 17 address the reviews of special education of certain children  
 44 18 placed at the Iowa juvenile home conducted by the department of  
 44 19 education in fall 2013 and reported to the department of human  
 44 20 services on October 7 and December 20, 2013.

Allocates \$1,218,000 for the compensatory education of certain children placed at the Iowa Juvenile Home from October 7 through December 20, 2013.

DETAIL: This is a new allocation for FY 2015.

44 21 3. By January 1, 2015, the department shall provide a  
 44 22 report to the governor and the legislative services agency that  
 44 23 includes a description of the status of juvenile delinquent  
 44 24 girls in out-of-home placements during the period beginning  
 44 25 December 1, 2013, and ending December 1, 2014; identifies  
 44 26 their placement histories; provides the reason for placement;  
 44 27 provides a status report on educational services and treatment  
 44 28 of youth at department facilities; and makes appropriate  
 44 29 recommendations for legislation deemed necessary.

Requires the DHS to submit a report to the Governor and the LSA concerning the status of juvenile delinquent girls in out-of-home placements between the dates of December 1, 2013, and December 1, 2014. The report must include placement histories, reasons for placements, education services status, treatment of youth, and recommendations for legislation.

44 30 4. Notwithstanding section 8.39, without the prior written  
 44 31 consent and approval of the governor and the director of the  
 44 32 department of management, the director of human services may  
 44 33 transfer funds between the appropriation made in this section  
 44 34 and other departmental appropriations as necessary to best  
 44 35 fulfill the needs provided for in this appropriation. However,  
 45 1 the department shall report to the legislative services agency  
 45 2 prior to making such a transfer and the report shall include  
 45 3 information regarding the rationale for transferring the  
 45 4 moneys.

Permits the Director of the DHS to transfer funds between appropriations in this section and other DHS appropriations as necessary. The DHS is to report to the LSA prior to making such transfers.

45 5 Sec. 22. 2013 Iowa Acts, chapter 138, section 148, is  
 45 6 amended to read as follows:  
 45 7 SEC. 148. CHILD AND FAMILY SERVICES.  
 45 8 1. There is appropriated from the general fund of the  
 45 9 state to the department of human services for the fiscal year  
 45 10 beginning July 1, 2014, and ending June 30, 2015, the following  
 45 11 amount, or so much thereof as is necessary, to be used for the  
 45 12 purpose designated:

45 13 For child and family services:  
 45 14 .....\$ 45,641,960  
 45 15 ..... 95,535,703

Allocates \$95,535,703 for Child and Family Services.

DETAIL: This is an increase of \$4,206,276 compared to the FY 2014 appropriation. General Fund changes include:

- An increase of \$433,084 due to the reduction in Iowa's federal medical assistance percentage (FMAP) rate.
- An increase of \$4,029,267 to bring group foster care providers to a percent of the equalization rate based on the Foster Group Care Rate Methodology Workgroup recommendations from December 2012 that will allow for some form of an increase for every provider in each respective service category.
- A decrease of \$50,000 to the System of Care Program in Cerro Gordo and Linn Counties.
- A decrease of \$116,075 to the System of Care Program in Polk County.
- A decrease of \$250,000 to the Circle of Care grant in Northeast Iowa.
- An increase of \$160,000 to the Tanager Place Mental Health Clinic.

45 16 2. Up to ~~\$2,600,000~~ \$5,200,000 of the amount of federal  
 45 17 temporary assistance for needy families block grant funding  
 45 18 appropriated in this division of this Act for child and family  
 45 19 services shall be made available for purposes of juvenile  
 45 20 delinquent graduated sanction services.

Allocates up to \$5,200,000 of federal Temporary Assistance for Needy Families (TANF) funds for delinquency programs.

DETAIL: This is no change compared to the FY 2014 allocation.

45 21 3. The department may transfer funds appropriated in this  
 45 22 section as necessary to pay the nonfederal costs of services  
 45 23 reimbursed under the medical assistance program, state child  
 45 24 care assistance program, or the family investment program which  
 45 25 are provided to children who would otherwise receive services  
 45 26 paid under the appropriation in this section. The department  
 45 27 may transfer funds appropriated in this section to the  
 45 28 appropriations made in this division of this Act for general  
 45 29 administration and for field operations for resources necessary  
 45 30 to implement and operate the services funded in this section.

Permits the Department to transfer funds appropriated for Child and Family Services to Medicaid, the FIP, General Administration, or Field Operations to pay for costs associated with child welfare services in these areas.

<p>45 31 4. a. Of the funds appropriated in this section, up  45 32 to <del>\$16,121,163</del> <u>\$36,967,216</u> is allocated as the statewide  45 33 expenditure target under section 232.143 for group foster care  45 34 maintenance and services. If the department projects that such  45 35 expenditures for the fiscal year will be less than the target  46 1 amount allocated in this lettered paragraph, the department may  46 2 reallocate the excess to provide additional funding for shelter  46 3 care or the child welfare emergency services addressed with the  46 4 allocation for shelter care.</p>	<p>Allocates up to \$36,967,216 for group foster care services and maintenance costs. Permits reallocation of excess funds.</p> <p>DETAIL: This an increase of \$4,029,267 compared to the FY 2014 allocation. The increase is meant to bring group foster care providers to a percent of the equalization rate based on the Foster Group Care Rate Methodology Workgroup recommendations from December 2012 that will allow for some form of an increase for every provider in each respective service category.</p>
<p>46 5 b. If at any time after September 30, 2014, annualization  46 6 of a service area's current expenditures indicates a service  46 7 area is at risk of exceeding its group foster care expenditure  46 8 target under section 232.143 by more than 5 percent, the  46 9 department and juvenile court services shall examine all  46 10 group foster care placements in that service area in order to  46 11 identify those which might be appropriate for termination.  46 12 In addition, any aftercare services believed to be needed  46 13 for the children whose placements may be terminated shall be  46 14 identified. The department and juvenile court services shall  46 15 initiate action to set dispositional review hearings for the  46 16 placements identified. In such a dispositional review hearing,  46 17 the juvenile court shall determine whether needed aftercare  46 18 services are available and whether termination of the placement  46 19 is in the best interest of the child and the community.</p>	<p>Requires the group foster care expenditure target to be reviewed under certain conditions and requires review hearings when appropriate.</p>
<p>46 20 5. In accordance with the provisions of section 232.188,  46 21 the department shall continue the child welfare and juvenile  46 22 justice funding initiative during fiscal year 2014-2015. Of  46 23 the funds appropriated in this section, <del>\$858,877</del> <u>\$1,717,753</u>  46 24 is allocated specifically for expenditure for fiscal year  46 25 2014-2015 through the decategorization <del>service</del> <u>services</u> funding  46 26 pools and governance boards established pursuant to section  46 27 232.188.</p>	<p>Allocates \$1,717,753 for decategorization services.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>46 28 6. A portion of the funds appropriated in this section  46 29 may be used for emergency family assistance to provide other  46 30 resources required for a family participating in a family  46 31 preservation or reunification project or successor project to  46 32 stay together or to be reunified.</p>	<p>Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.</p>
<p>46 33 7. Notwithstanding section 234.35 or any other provision  46 34 of law to the contrary, state funding for shelter care and  46 35 the child welfare emergency services contracting implemented  47 1 to provide for or prevent the need for shelter care shall be  47 2 limited to <del>\$3,808,024</del> <u>\$7,717,822</u>.</p>	<p>Limits State funding for shelter care to \$7,717,822.</p> <p>DETAIL: This is no change compared to the FY 2014 allocation.</p>
<p>47 3 8. Federal funds received by the state during the fiscal</p>	<p>Requires federal funds received in FY 2015 for the expenditure of</p>

47 4 year beginning July 1, 2014, as the result of the expenditure  
 47 5 of state funds appropriated during a previous state fiscal  
 47 6 year for a service or activity funded under this section are  
 47 7 appropriated to the department to be used as additional funding  
 47 8 for services and purposes provided for under this section.  
 47 9 Notwithstanding section 8.33, moneys received in accordance  
 47 10 with this subsection that remain unencumbered or unobligated at  
 47 11 the close of the fiscal year shall not revert to any fund but  
 47 12 shall remain available for the purposes designated until the  
 47 13 close of the succeeding fiscal year.

State funds in a previous year to be used for child welfare services.  
 Allows nonreversion of funds through FY 2016.

47 14 9. a. Of the funds appropriated in this section, up to  
 47 15 ~~\$1,645,000~~ \$3,290,000 is allocated for the payment of the  
 47 16 expenses of court-ordered services provided to juveniles who  
 47 17 are under the supervision of juvenile court services, which  
 47 18 expenses are a charge upon the state pursuant to section  
 47 19 232.141, subsection 4. Of the amount allocated in this  
 47 20 lettered paragraph, up to ~~\$778,144~~ \$1,556,287 shall be made  
 47 21 available to provide school-based supervision of children  
 47 22 adjudicated under chapter 232, of which not more than ~~\$7,500~~  
 47 23 \$15,000 may be used for the purpose of training. A portion of  
 47 24 the cost of each school-based liaison officer shall be paid by  
 47 25 the school district or other funding source as approved by the  
 47 26 chief juvenile court officer.  
 47 27 b. Of the funds appropriated in this section, up to ~~\$374,493~~  
 47 28 \$748,985 is allocated for the payment of the expenses of  
 47 29 court-ordered services provided to children who are under the  
 47 30 supervision of the department, which expenses are a charge upon  
 47 31 the state pursuant to section 232.141, subsection 4.

Provides the following allocations related to court-ordered services for  
 juveniles:

- Allocates up to \$3,290,000 for court-ordered services provided to children that are under the supervision of juvenile court services. This is no change compared to the FY 2014 allocation. Of this amount, \$1,556,287 is allocated for school-based supervision of delinquent children, limits training funds to \$15,000, and requires a portion of the cost for school-based liaisons to be paid by school districts.
- Allocates \$748,985 for court-ordered services provided to children that are under the supervision of the DHS.

DETAIL: This is no change compared to FY 2014.

47 32 c. Notwithstanding section 232.141 or any other provision  
 47 33 of law to the contrary, the amounts allocated in this  
 47 34 subsection shall be distributed to the judicial districts  
 47 35 as determined by the state court administrator and to the  
 48 1 department's service areas as determined by the administrator  
 48 2 of the department's division of child and family services. The  
 48 3 state court administrator and the division administrator shall  
 48 4 make the determination of the distribution amounts on or before  
 48 5 June 15, 2014.

Requires allocations to the judicial districts as determined by the Court Administrator and to the DHS districts as determined by the Division of Child and Family Services Administrator by June 15, 2014.

48 6 d. Notwithstanding chapter 232 or any other provision of  
 48 7 law to the contrary, a district or juvenile court shall not  
 48 8 order any service which is a charge upon the state pursuant  
 48 9 to section 232.141 if there are insufficient court-ordered  
 48 10 services funds available in the district court or departmental  
 48 11 service area distribution amounts to pay for the service. The  
 48 12 chief juvenile court officer and the departmental service area  
 48 13 manager shall encourage use of the funds allocated in this

Prohibits a court from ordering any service that is a charge to the State if there are insufficient funds to reimburse the service. Requires the Chief Juvenile Court Officer to use the funds in a manner that will cover the entire fiscal year and permits funds to be transferred between districts.

48 14 subsection such that there are sufficient funds to pay for  
 48 15 all court-related services during the entire year. The chief  
 48 16 juvenile court officers and departmental service area managers  
 48 17 shall attempt to anticipate potential surpluses and shortfalls  
 48 18 in the distribution amounts and shall cooperatively request the  
 48 19 state court administrator or division administrator to transfer  
 48 20 funds between the judicial districts' or departmental service  
 48 21 areas' distribution amounts as prudent.

48 22 e. Notwithstanding any provision of law to the contrary,  
 48 23 a district or juvenile court shall not order a county to pay  
 48 24 for any service provided to a juvenile pursuant to an order  
 48 25 entered under chapter 232 which is a charge upon the state  
 48 26 under section 232.141, subsection 4.

48 27 f. Of the funds allocated in this subsection, not more  
 48 28 than ~~\$41,500~~ \$83,000 may be used by the judicial branch for  
 48 29 administration of the requirements under this subsection.

48 30 g. Of the funds allocated in this subsection, ~~\$8,500~~ \$17,000  
 48 31 shall be used by the department of human services to support  
 48 32 the interstate commission for juveniles in accordance with  
 48 33 the interstate compact for juveniles as provided in section  
 48 34 232.173.

48 35 10. Of the funds appropriated in this section, ~~\$4,026,613~~  
 49 1 \$8,053,226 is allocated for juvenile delinquent graduated  
 49 2 sanctions services. Any state funds saved as a result of  
 49 3 efforts by juvenile court services to earn federal Tit.IV-E  
 49 4 match for juvenile court services administration may be used  
 49 5 for the juvenile delinquent graduated sanctions services.

49 6 11. Of the funds appropriated in this section, ~~\$804,143~~  
 49 7 \$1,608,285 is transferred to the department of public health  
 49 8 to be used for the child protection center grant program in  
 49 9 accordance with section 135.118. The grant amounts under the  
 49 10 program shall be equalized so that each center receives a  
 49 11 uniform amount of at least ~~\$122,500~~ \$245,000.

49 12 12. If the department receives federal approval to  
 49 13 implement a waiver under Tit.IV-E of the federal Social  
 49 14 Security Act to enable providers to serve children who remain  
 49 15 in the children's families and communities, for purposes of  
 49 16 eligibility under the medical assistance program through 25  
 49 17 years of age, children who participate in the waiver shall be

Prohibits a court from ordering a county to pay for a service provided to a juvenile that is chargeable to the State.

Prohibits expenditure of more than \$83,000 by the Judicial Branch for administration related to court-ordered services.

DETAIL: This is no change compared to the FY 2014 allocation.

Allocates \$17,000 for the DHS to support the Interstate Commission for Juveniles in accordance with the Interstate Compact for Juveniles.

DETAIL: This is no change compared to the FY 2014 allocation.

Allocates \$8,053,226 for juvenile delinquent graduated sanctions services.

DETAIL: This is no change compared to the FY 2014 allocation.

Permits any State funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, to be used for graduated sanctions services.

Requires \$1,608,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program.

DETAIL: This is no change compared to the FY 2014 allocation.

Requires children that receive in-home or community-based services under a federal Title IV-E waiver to be considered placed in foster care to remain eligible for Medicaid, if the DHS receives federal approval to implement the waiver.

49 18 considered to be placed in foster care.

49 19 13. Of the funds appropriated in this section, ~~\$1,628,490~~  
 49 20 \$3,256,980 is allocated for the preparation for adult living  
 49 21 program pursuant to section 234.46.

Allocates \$3,256,980 for the Preparation for Adult Living (PALs) Program.

DETAIL: This is no change compared to the FY 2014 allocation.

49 22 14. Of the funds appropriated in this section, ~~\$260,075~~  
 49 23 \$520,150 shall be used for juvenile drug courts. The amount  
 49 24 allocated in this subsection shall be distributed as follows:  
 49 25 To the judicial branch for salaries to assist with the  
 49 26 operation of juvenile drug court programs operated in the  
 49 27 following jurisdictions:

Allocates a total of \$520,150 for Judicial Branch staffing costs relating to juvenile drug courts and specifies the distribution of the funds.

DETAIL: This is no change compared to the FY 2014 allocation.

49 28	a. Marshall county:		
49 29		.....\$	<u>31,354</u>
49 30			<u>62,708</u>
49 31	b. Woodbury county:		
49 32		.....\$	<u>62,841</u>
49 33			<u>125,682</u>
49 34	c. Polk county:		
49 35		.....\$	<u>97,946</u>
50 1			<u>195,892</u>
50 2	d. The third judicial district:		
50 3		.....\$	<u>33,967</u>
50 4			<u>67,934</u>
50 5	e. The eighth judicial district:		
50 6		.....\$	<u>33,967</u>
50 7			<u>67,934</u>

50 8 15. Of the funds appropriated in this section, ~~\$113,669~~  
 50 9 \$227,337 shall be used for the public purpose of continuing  
 50 10 a grant to a nonprofit human services organization providing  
 50 11 services to individuals and families in multiple locations in  
 50 12 southwest Iowa and Nebraska for support of a project providing  
 50 13 immediate, sensitive support and forensic interviews, medical  
 50 14 exams, needs assessments, and referrals for victims of child  
 50 15 abuse and their nonoffending family members.

Allocates \$227,337 for Project Harmony for support of victims of child abuse and the nonoffending family members.

DETAIL: This is no change compared to the FY 2014 allocation.

50 16 16. Of the funds appropriated in this section, ~~\$100,295~~  
 50 17 \$210,620 is allocated for the foster care youth council  
 50 18 approach of providing a support network to children placed in  
 50 19 foster care.

Allocates \$210,620 to provide support for foster care youth councils.

DETAIL: This is an increase of \$9,670 compared to the FY 2014 allocation.

50 20 17. Of the funds appropriated in this section, ~~\$101,000~~  
 50 21 \$202,000 is allocated for use pursuant to section 235A.1 for  
 50 22 continuation of the initiative to address child sexual abuse  
 50 23 implemented pursuant to 2007 Iowa Acts, chapter 218, section

Allocates \$202,000 for an initiative to address child sexual abuse.

DETAIL: This is no change compared to the FY 2014 allocation.

50 24 18, subsection 21.	
50 25 18. Of the funds appropriated in this section, <del>\$315,120</del> 50 26 <u>\$630,240</u> is allocated for the community partnership for child 50 27 protection sites.	Allocates \$630,240 for the child welfare Community Partnerships for Child Protection sites.  DETAIL: This is no change compared to the FY 2014 allocation.
50 28 19. Of the funds appropriated in this section, <del>\$185,625</del> 50 29 <u>\$371,250</u> is allocated for the department's minority youth and 50 30 family projects under the redesign of the child welfare system.	Allocates \$371,250 for minority youth and family projects included in the child welfare redesign.  DETAIL: This is no change compared to the FY 2014 allocation.
50 31 20. Of the funds appropriated in this section, <del>\$718,298</del> 50 32 <u>\$1,186,595</u> is allocated for funding of the community circle of 50 33 care collaboration for children and youth in northeast Iowa.	Allocates \$1,186,595 for the Circle of Care grant in Northeast Iowa.  DETAIL: This is a decrease of \$250,000 compared to the FY 2014 allocation.
50 34 21. Of the funds appropriated in this section, at least 50 35 <del>\$73,579</del> <u>\$147,158</u> shall be used for the child welfare training 51 1 academy.	Allocates \$147,158 for the child welfare provider online training academy.  DETAIL: This is no change compared to the FY 2014 allocation.
51 2 22. Of the funds appropriated in this section, <del>\$12,500</del> 51 3 <u>\$25,000</u> shall be used for the public purpose of continuation 51 4 of a grant to a child welfare services provider headquartered 51 5 in a county with a population between 205,000 and 215,000 in 51 6 the latest certified federal census that provides multiple 51 7 services including but not limited to a psychiatric medical 51 8 institution for children, shelter, residential treatment, after 51 9 school programs, school-based programming, and an Asperger's 51 10 syndrome program, to be used for support services for children 51 11 with autism spectrum disorder and their families.	Allocates \$25,000 to Four Oaks for various autism spectrum disorder services.  DETAIL: This is no change compared to the FY 2014 allocation.
51 12 23. Of the funds appropriated in this section, <del>\$12,500</del> 51 13 <u>\$25,000</u> shall be used for the public purpose of continuing a 51 14 grant to a hospital-based provider headquartered in a county 51 15 with a population between 90,000 and 95,000 in the latest 51 16 certified federal census that provides multiple services 51 17 including but not limited to diagnostic, therapeutic, and 51 18 behavioral services to individuals with autism spectrum 51 19 disorder across the lifespan. The grant recipient shall 51 20 utilize the funds to continue the pilot project to determine 51 21 the necessary support services for children with autism 51 22 spectrum disorder and their families to be included in the 51 23 children's disabilities services system. The grant recipient 51 24 shall submit findings and recommendations based upon the	Allocates \$25,000 to a hospital-based provider in Dubuque County for support services for children with autism spectrum disorder and their families.  DETAIL: This is no change compared to the FY 2014 allocation.

51 25 results of the pilot project to the individuals specified in  
51 26 this division of this Act for submission of reports by December  
51 27 31, 2014.

51 28 24. Of the funds appropriated in this section, ~~\$163,974~~  
51 29 \$211,872 shall be used for continuation of the central Iowa  
51 30 system of care program grant through June 30, 2015.

Allocates \$211,872 for continuation of a System of Care Program in Polk County.

DETAIL: This is a decrease of \$116,075 compared to the FY 2014 allocation.

51 31 25. Of the funds appropriated in this section, ~~\$80,000~~  
51 32 \$110,000 shall be used for the public purpose of the  
51 33 continuation of a system of care grant implemented in Cerro  
51 34 Gordo and Linn counties.

Allocates \$110,000 for continuation of a System of Care Program in Cerro Gordo and Linn Counties.

DETAIL: This is a decrease of \$50,000 compared to the FY 2014 allocation.

51 35 26. Of the funds appropriated in this section, at least  
52 1 ~~\$12,500~~ \$25,000 shall be used to continue and to expand the  
52 2 foster care respite pilot program in which postsecondary  
52 3 students in social work and other human services-related  
52 4 programs receive experience by assisting family foster care  
52 5 providers with respite and other support.

Allocates at least \$25,000 to continue and expand to additional counties the Foster Care Respite Pilot Program at Wartburg College for students in social work and other human service-related programs.

DETAIL: This is no change compared to the FY 2014 allocation.

52 6 27. Of the funds appropriated in this section, \$160,000  
52 7 shall be used for the public purpose of funding community-based  
52 8 services and other supports with a system of care approach  
52 9 for children with a serious emotional disturbance and their  
52 10 families through a nonprofit provider of child welfare services  
52 11 that has been in existence for more than 115 years, is located  
52 12 in a county with a population of more than 200,000 but less  
52 13 than 220,000 according to the latest census information issued  
52 14 by the United States census bureau provider, is licensed as a  
52 15 psychiatric medical institution for children, and has not been  
52 16 a system of care grantee prior to July 1, 2014.

Allocates \$160,000 to the Tanager Place Mental Health Clinic.

DETAIL: This is a new allocation for FY 2015.

52 17 Sec. 23. 2013 Iowa Acts, chapter 138, section 149, is  
52 18 amended to read as follows:

General Fund appropriation to the Adoption Subsidy Program.

52 19 SEC. 149. ADOPTION SUBSIDY.

DETAIL: This is an increase of \$1,851,467 compared to estimated net FY 2014. The changes include:

52 20 1. There is appropriated from the general fund of the  
52 21 state to the department of human services for the fiscal year  
52 22 beginning July 1, 2014, and ending June 30, 2015, the following  
52 23 amount, or so much thereof as is necessary, to be used for the  
52 24 purpose designated:

52 25 For adoption subsidy payments and services:  
52 26 ..... \$ 20,364,644  
52 27 ..... 42,580,749

- A increase of \$595,511 to fund caseload growth.
- An increase of \$1,255,956 due to the reduction in Iowa's FMAP rate.

52 28 2. The department may transfer funds appropriated in  
 52 29 this section to the appropriation made in this division of  
 52 30 this Act for general administration for costs paid from the  
 52 31 appropriation relating to adoption subsidy.

Permits the DHS to transfer funds for adoption recruitment and retention. Allows the DHS to transfer funds to Child and Family Services to ensure equitable rate increases for adoption and foster care programs.

52 32 3. Federal funds received by the state during the  
 52 33 fiscal year beginning July 1, 2014, as the result of the  
 52 34 expenditure of state funds during a previous state fiscal  
 52 35 year for a service or activity funded under this section are  
 53 1 appropriated to the department to be used as additional funding  
 53 2 for the services and activities funded under this section.  
 53 3 Notwithstanding section 8.33, moneys received in accordance  
 53 4 with this subsection that remain unencumbered or unobligated  
 53 5 at the close of the fiscal year shall not revert to any fund  
 53 6 but shall remain available for expenditure for the purposes  
 53 7 designated until the close of the succeeding fiscal year.

Requires federal funds received in FY 2015 for the expenditure of State funds in a previous fiscal year to be used for adoption subsidies. Permits nonreversion of federal funds in this Subsection until the close of FY 2016.

53 8 Sec. 24. 2013 Iowa Acts, chapter 138, section 151, is  
 53 9 amended to read as follows:

General Fund appropriation for the Family Support Program.

53 10 SEC. 151. FAMILY SUPPORT SUBSIDY PROGRAM.

DETAIL: This is a net decrease of \$13,549 compared to estimated FY 2014. The changes include:

53 11 1. There is appropriated from the general fund of the  
 53 12 state to the department of human services for the fiscal year  
 53 13 beginning July 1, 2014, and ending June 30, 2015, the following  
 53 14 amount, or so much thereof as is necessary, to be used for the  
 53 15 purpose designated:

53 16 For the family support subsidy program subject to the  
 53 17 enrollment restrictions in section 225C.37, subsection 3:  
 53 18 .....\$ 546,478  
 53 19 ..... 1,079,739

- A decrease of \$62,549 due to a reduction in expenses as a result of children aging out of the program.
- An increase of \$49,000 to expand the Children-at-Home Program to a new areas.

53 20 2. The department shall use at least ~~\$241,750~~ \$532,500  
 53 21 of the moneys appropriated in this section for the family  
 53 22 support center component of the comprehensive family support  
 53 23 program under section 225C.47. Not more than ~~\$42,500~~ \$25,000  
 53 24 of the amount allocated in this subsection shall be used for  
 53 25 administrative costs.

Allocates \$532,500 to continue the Children-at-Home Program in current counties.

DETAIL: This is an increase of \$49,000 to expand the program to one new area. Permits the DHS to expand the Program to an additional county if funds are available. Administrative funding is limited to \$25,000.

53 26 3. If at any time during the fiscal year, the amount of  
 53 27 funding available for the family support subsidy program  
 53 28 is reduced from the amount initially used to establish the  
 53 29 figure for the number of family members for whom a subsidy  
 53 30 is to be provided at any one time during the fiscal year,  
 53 31 notwithstanding section 225C.38, subsection 2, the department  
 53 32 shall revise the figure as necessary to conform to the amount  
 53 33 of funding available.

Requires the Department to revise funding available to participants in the Family Support Subside Program if available funds are less than anticipated.

53 34 Sec. 25. 2013 Iowa Acts, chapter 138, section 152, is  
 53 35 amended to read as follows:  
 54 1 SEC. 152. CONNER DECREE. There is appropriated from the  
 54 2 general fund of the state to the department of human services  
 54 3 for the fiscal year beginning July 1, 2014, and ending June 30,  
 54 4 2015, the following amount, or so much thereof as is necessary,  
 54 5 to be used for the purpose designated:  
 54 6 For building community capacity through the coordination  
 54 7 and provision of training opportunities in accordance with the  
 54 8 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.  
 54 9 Iowa, July 14, 1994):  
 54 10 ..... \$ 46,814  
 54 11 ..... 33,632

General Fund appropriation to the DHS for Conner Decree training requirements.

DETAIL: This is no change compared to estimated FY 2014. The funds are used for training purposes to comply with the Conner v. Branstad court decision mandating placement of persons in the least restrictive setting.

54 12 Sec. 26. 2013 Iowa Acts, chapter 138, section 153, is  
 54 13 amended to read as follows:  
 54 14 SEC. 153. MENTAL HEALTH INSTITUTES. There is appropriated  
 54 15 from the general fund of the state to the department of human  
 54 16 services for the fiscal year beginning July 1, 2014, and ending  
 54 17 June 30, 2015, the following amounts, or so much thereof as is  
 54 18 necessary, to be used for the purposes designated:

54 19 1. For the state mental health institute at Cherokee for  
 54 20 salaries, support, maintenance, and miscellaneous purposes, and  
 54 21 for not more than the following full-time equivalent positions:  
 54 22 ..... \$ 2,977,232  
 54 23 ..... 6,031,934  
 54 24 ..... FTEs 169.20

General Fund appropriation to the MHI at Cherokee.

DETAIL: This is an increase of \$67,197 and no change in FTE positions compared to estimated FY 2014. The increase is for the increased cost of food, pharmaceuticals, transportation, and utilities.

54 25 2. For the state mental health institute at Clarinda for  
 54 26 salaries, support, maintenance, and miscellaneous purposes, and  
 54 27 for not more than the following full-time equivalent positions:  
 54 28 ..... \$ 3,375,934  
 54 29 ..... 6,787,309  
 54 30 ..... FTEs 86.10

General Fund appropriation to the MHI at Clarinda.

DETAIL: This is an increase of \$29,620 and no change in FTE positions compared to estimated FY 2014. The increase is for the increased cost of food, pharmaceuticals, transportation, and utilities.

54 31 3. For the state mental health institute at Independence for  
 54 32 salaries, support, maintenance, and miscellaneous purposes, and  
 54 33 for not more than the following full-time equivalent positions:  
 54 34 ..... \$ 5,159,389  
 54 35 ..... 10,484,386  
 55 1 ..... FTEs 233.00

General Fund appropriation to the MHI at Independence.

DETAIL: This is an increase of \$150,304 and no change in FTE positions compared to estimated FY 2014. The changes include:

- An increase of \$114,665 for the increased cost of food, pharmaceuticals, transportation, and utilities.
- An increase of \$35,639 due to a reduction in the federal FMAP rate.

55 2 4. For the state mental health institute at Mount Pleasant

General Fund appropriation to the MHI at Mt. Pleasant.

55 3 for salaries, support, maintenance, and miscellaneous purposes,  
 55 4 and for not more than the following full-time equivalent  
 55 5 positions:  
 55 6 .....\$ 683,343  
 55 7 ..... 1,417,796  
 55 8 ..... FTEs 97.92

DETAIL: This is an increase of \$43,735 and no change in FTE positions compared to estimated FY 2014. The increase is for the increased cost of food, pharmaceuticals, transportation and utilities.

55 9 Sec. 27. 2013 Iowa Acts, chapter 138, section 154, is  
 55 10 amended to read as follows:

55 11 SEC. 154. STATE RESOURCE CENTERS.

55 12 1. There is appropriated from the general fund of the  
 55 13 state to the department of human services for the fiscal year  
 55 14 beginning July 1, 2014, and ending June 30, 2015, the following  
 55 15 amounts, or so much thereof as is necessary, to be used for the  
 55 16 purposes designated:

55 17 a. For the state resource center at Glenwood for salaries,  
 55 18 support, maintenance, and miscellaneous purposes:  
 55 19 .....\$ 40,137,236  
 55 20 ..... 21,695,266

General Fund appropriation to the State Resource Center at Glenwood.

DETAIL: This is an increase of \$1,346,144 compared to estimated FY 2014 due to a reduction in the federal FMAP rate.

55 21 b. For the state resource center at Woodward for salaries,  
 55 22 support, maintenance, and miscellaneous purposes:  
 55 23 .....\$ 7,110,232  
 55 24 ..... 14,855,693

General Fund appropriation to the State Resource Center at Woodward.

DETAIL: This is an increase of \$569,502 compared to estimated FY 2014 due to a reduction in the federal FMAP rate.

55 25 2. The department may continue to bill for state resource  
 55 26 center services utilizing a scope of services approach used for  
 55 27 private providers of ICFID services, in a manner which does not  
 55 28 shift costs between the medical assistance program, counties,  
 55 29 or other sources of funding for the state resource centers.

Permits the DHS to continue billing practices that do not include cost shifting.

55 30 3. The state resource centers may expand the time-limited  
 55 31 assessment and respite services during the fiscal year.

Permits the State Resource Centers to expand time-limited assessment and respite services.

DETAIL: Time-limited assessments include analysis of patient conditions and development of therapy plans to assist families in caring for individuals with intellectual disabilities or developmental disabilities. Respite services provide care for special needs individuals for a limited duration to provide families with a temporary reprieve from caretaking responsibilities.

55 32 4. If the department's administration and the department  
 55 33 of management concur with a finding by a state resource

Specifies that FTE positions may be added at the two State Resource Centers if projected revenues are sufficient to pay the salary and

55 34 center's superintendent that projected revenues can reasonably  
 55 35 be expected to pay the salary and support costs for a new  
 56 1 employee position, or that such costs for adding a particular  
 56 2 number of new positions for the fiscal year would be less  
 56 3 than the overtime costs if new positions would not be added,  
 56 4 the superintendent may add the new position or positions. If  
 56 5 the vacant positions available to a resource center do not  
 56 6 include the position classification desired to be filled, the  
 56 7 state resource center's superintendent may reclassify any  
 56 8 vacant position as necessary to fill the desired position. The  
 56 9 superintendents of the state resource centers may, by mutual  
 56 10 agreement, pool vacant positions and position classifications  
 56 11 during the course of the fiscal year in order to assist one  
 56 12 another in filling necessary positions.

support costs of the additional positions.

56 13 5. If existing capacity limitations are reached in  
 56 14 operating units, a waiting list is in effect for a service or  
 56 15 a special need for which a payment source or other funding  
 56 16 is available for the service or to address the special need,  
 56 17 and facilities for the service or to address the special need  
 56 18 can be provided within the available payment source or other  
 56 19 funding, the superintendent of a state resource center may  
 56 20 authorize opening not more than two units or other facilities  
 56 21 and begin implementing the service or addressing the special  
 56 22 need during fiscal year 2014-2015.

Permits a State Resource Center to open certain facilities if a service waiting list exists and funding is available.

56 23 Sec. 28. 2013 Iowa Acts, chapter 138, section 155, is  
 56 24 amended to read as follows:

General Fund appropriation to the DHS for the Sexual Predator Commitment Program.

56 25 SEC. 155. SEXUALLY VIOLENT PREDATORS.

56 26 1. There is appropriated from the general fund of the  
 56 27 state to the department of human services for the fiscal year  
 56 28 beginning July 1, 2014, and ending June 30, 2015, the following  
 56 29 amount, or so much thereof as is necessary, to be used for the  
 56 30 purpose designated:

DETAIL: This is an increase of \$497,995 and 8.00 FTE positions compared to estimated FY 2014. The changes include:

56 31 For costs associated with the commitment and treatment of  
 56 32 sexually violent predators in the unit located at the state  
 56 33 mental health institute at Cherokee, including costs of legal  
 56 34 services and other associated costs, including salaries,  
 56 35 support, maintenance, and miscellaneous purposes, and for not  
 57 1 more than the following full-time equivalent positions:

57 2	.....	\$	4,708,485
57 3	.....		9,923,563
57 4	.....	FTEs	124.50
57 5	.....		132.50

57 6 2. Unless specifically prohibited by law, if the amount  
 57 7 charged provides for recoupment of at least the entire amount  
 57 8 of direct and indirect costs, the department of human services  
 57 9 may contract with other states to provide care and treatment

- An increase of \$312,469 for five additional court-ordered sex offenders.
- An increase of \$185,526 to annualize the cost of the FY 2014 increase in offenders.
- An increase of 8.00 FTE positions to provide the appropriate staffing level for the increase.

57 10 of persons placed by the other states at the unit for sexually  
57 11 violent predators at Cherokee. The moneys received under  
57 12 such a contract shall be considered to be repayment receipts  
57 13 and used for the purposes of the appropriation made in this  
57 14 section.

57 15 Sec. 29. 2013 Iowa Acts, chapter 138, section 156, is  
57 16 amended to read as follows:  
57 17 SEC. 156. FIELD OPERATIONS. There is appropriated from the  
57 18 general fund of the state to the department of human services  
57 19 for the fiscal year beginning July 1, 2014, and ending June 30,  
57 20 2015, the following amount, or so much thereof as is necessary,  
57 21 to be used for the purposes designated:  
57 22 For field operations, including salaries, support,  
57 23 maintenance, and miscellaneous purposes, and for not more than  
57 24 the following full-time equivalent positions:  
57 25 ..... \$ 33,261,194  
57 26 ..... 66,670.976  
57 27 ..... FTEs 1,837.00

57 28 1A. As a condition of this appropriation, the department  
57 29 shall make every possible effort to fill the entire number of  
57 30 positions authorized by this section and, unless specifically  
57 31 provided otherwise by an applicable collective bargaining  
57 32 agreement, the department is not subject to any approval  
57 33 requirement external to the department to fill a field  
57 34 operations vacancy within the number of full-time equivalent  
57 35 positions authorized by this section. The department shall  
58 1 report on the first of each month to the chairpersons and  
58 2 ranking members of the appropriations committees of the senate  
58 3 and house of representatives, and the persons designated by  
58 4 this Act for submission of reports concerning the status of  
58 5 filling the positions.

58 6 2. Priority in filling full-time equivalent positions  
58 7 shall be given to those positions related to child protection  
58 8 services and eligibility determination for low-income families.

58 9 Sec. 30. 2013 Iowa Acts, chapter 138, section 157, is  
58 10 amended to read as follows:

58 11 SEC. 157. GENERAL ADMINISTRATION. There is appropriated  
58 12 from the general fund of the state to the department of human  
58 13 services for the fiscal year beginning July 1, 2014, and ending  
58 14 June 30, 2015, the following amount, or so much thereof as is  
58 15 necessary, to be used for the purpose designated:  
58 16 For general administration, including salaries, support,  
58 17 maintenance, and miscellaneous purposes, and for not more than  
58 18 the following full-time equivalent positions:

General Fund appropriation to the DHS for Field Operations staff and support.

DETAIL: This is no change in funding and an increase of 27.00 FTE positions compared to the FY 2014 appropriation. The increase in FTE positions is to match the FY 2014 appropriation.

Specifies that it is the intent of the General Assembly that the Department make every possible effort to fill authorized vacant Field Operations positions, that the Department is not subject to any external Department approval within the number of FTE equivalent positions authorized for Field Operations, and that the Department must report to the Chairpersons and Ranking Members of the Appropriations Committees on the first of each month.

Requires priority to be given to filling positions related to child protection services and eligibility determination for low-income families.

General Fund appropriation for General Administration.

DETAIL: This is a decrease of \$25,000 and 21.06 FTE positions compared to estimated FY 2014. The changes include:

- A decrease of \$25,000 due to the elimination of the Prevention of Disabilities Council summit.
- A decrease of 21.06 FTE positions to match the FY 2014

58 19 ..... \$ 8,152,386  
 58 20 ..... 16,304,602  
 58 21 ..... FTEs 309.00

appropriation.

58 22 1. Of the funds appropriated in this section, ~~\$31,772~~  
 58 23 \$38,543 is allocated for the prevention of disabilities policy  
 58 24 council established in section 225B.3.

Allocates \$38,543 for the Prevention of Disabilities Policy Council.  
 DETAIL: This is a reduction of \$25,000 compared to the FY 2014 allocation due to the elimination of an FY 2014 one-time conference expenditure.

58 25 3. Of the funds appropriated in this section, ~~\$66,150~~  
 58 26 \$132,300 shall be used to continue the contract for the  
 58 27 provision of a program to provide technical assistance,  
 58 28 support, and consultation to providers of habilitation services  
 58 29 and home and community-based services waiver services for  
 58 30 adults with disabilities under the medical assistance program.

Allocates \$132,300 to continue the existing contract for technical assistance for providers of habilitation services under the Home and Community-Based Services (HCBS) Waiver Program.  
 DETAIL: This is no change compared to the FY 2014 allocation.

58 31 4. Of the funds appropriated in this section, ~~\$25,000~~  
 58 32 \$50,000 is transferred to the Iowa finance authority to be  
 58 33 used for administrative support of the council on homelessness  
 58 34 established in section 16.100A and for the council to fulfill  
 58 35 its duties in addressing and reducing homelessness in the  
 59 1 state.

Transfers \$50,000 to the Iowa Finance Authority (IFA) to be used for support of the Council on Homelessness.  
 DETAIL: This is no change compared to the FY 2014 allocation.

59 2 5A. Of the funds appropriated in this section \$250,000 is  
 59 3 transferred to the department of inspections and appeals to be  
 59 4 used to implement a new mental health advocate division in the  
 59 5 department in accordance with this 2014 Act.

Allocates \$250,000 to be transferred to the DIA to implement a new mental health advocate division.  
 DETAIL: This is a new allocation for FY 2015.

59 6 Sec. 31. 2013 Iowa Acts, chapter 138, section 158, is  
 59 7 amended to read as follows:  
 59 8 SEC. 158. VOLUNTEERS. There is appropriated from the  
 59 9 general fund of the state to the department of human services  
 59 10 for the fiscal year beginning July 1, 2014, and ending June 30,  
 59 11 2015, the following amount, or so much thereof as is necessary,  
 59 12 to be used for the purpose designated:  
 59 13 For development and coordination of volunteer services:  
 59 14 ..... \$ ~~42,330~~  
 59 15 ..... 84,686

General Fund appropriation to the DHS for the development and coordination of the Volunteer Services Program.  
 DETAIL: This is no change compared to estimated net FY 2014.

59 16 Sec. 32. 2013 Iowa Acts, chapter 138, section 159,  
 59 17 subsection 1, paragraph a, subparagraph (1), is amended to read  
 59 18 as follows:  
 59 19 (1) For the fiscal year beginning July 1, 2014, the total  
 59 20 state funding amount for the nursing facility budget shall not  
 59 21 exceed ~~\$268,742,544~~ \$282,878,824.

Caps nursing facility reimbursements at \$282,878,824 and requires the DHS to adjust the inflation factor in the case-mix reimbursement rate if expenditures exceed the cap.

59 22 Sec. 33. 2013 Iowa Acts, chapter 138, section 159,  
 59 23 subsection 1, paragraph b, is amended to read as follows:  
 59 24 b. (1) For the fiscal year beginning July 1, 2014,  
 59 25 the department shall continue the pharmacy dispensing fee  
 59 26 reimbursement at \$10.12 per prescription until a cost of  
 59 27 dispensing survey is completed. The actual dispensing fee  
 59 28 shall be determined by a cost of dispensing survey performed  
 59 29 by the department and required to be completed by all medical  
 59 30 assistance program participating pharmacies every two years  
 59 31 beginning in FY 2014-2015.

Requires a reimbursement rate of \$10.12 per prescription until a cost of dispensing survey is completed for pharmacist services for FY 2015. The fee is to be determined by a dispensing survey.

DETAIL: This is no change compared to FY 2014 rate.

59 32 (2) The department shall utilize an average acquisition  
 59 33 cost reimbursement methodology for all drugs covered under the  
 59 34 medical assistance program in accordance with 2012 Iowa Acts,  
 59 35 chapter 1133, section 33.

Requires the DHS to continue an Average Acquisition Cost (AAC) reimbursement methodology for all drugs covered under the Medicaid Program. The methodology is to utilize a survey of pharmacy invoices to determine the AAC. The Department is to provide a process for pharmacies to address average acquisition cost prices that are not reflective of the actual drug cost.

60 1 (3) Notwithstanding subparagraph (2), if the centers for  
 60 2 Medicare and Medicaid services of the United States department  
 60 3 of health and human services (CMS) requires, as a condition  
 60 4 of federal Medicaid funding, that the department implement an  
 60 5 aggregate federal upper limit (FUL) for drug reimbursement  
 60 6 based on the average manufacturer's price (AMP), the department  
 60 7 may utilize a reimbursement methodology for all drugs covered  
 60 8 under the Medicaid program based on the national average drug  
 60 9 acquisition cost (NADAC) methodology published by CMS, in order  
 60 10 to assure compliance with the aggregate FUL, minimize outcomes  
 60 11 of drug reimbursements below pharmacy acquisition costs, limit  
 60 12 administrative costs, and minimize any change in the aggregate  
 60 13 reimbursement for drugs. The department may adopt emergency  
 60 14 rules to implement this subparagraph.

Specifies that if CMS implements an aggregate federal upper payment limit for drug reimbursement, the DHS may use a reimbursement methodology based on the National Average Drug Acquisition Cost (NADAC).

60 15 Sec. 34. 2013 Iowa Acts, chapter 138, section 159,  
 60 16 subsection 1, paragraph c, subparagraphs (1) and (2) are  
 60 17 amended to read as follows:  
 60 18 (1) For the fiscal year beginning July 1, 2014,  
 60 19 reimbursement rates for outpatient hospital services shall  
 60 20 remain at the rates in effect on June 30, 2014 be rebased  
 60 21 effective January 1, 2015, subject to Medicaid program upper  
 60 22 payment limit rules and adjusted as necessary to maintain  
 60 23 expenditures within the amount appropriated to the department  
 60 24 for this purpose for the fiscal year.

Rebases outpatient hospital services effective January 1, 2015. The rebase is subject to the Medicaid Upper Payment Limit (UPL) rules and is to be adjusted as necessary to remain budget neutral.

60 25 (2) For the fiscal year beginning July 1, 2014,  
 60 26 reimbursement rates for inpatient hospital services shall  
 60 27 remain at the rates in effect on June 30, 2014 be rebased

Rebases inpatient hospital services effective October 1, 2015. The rebase is subject to the Medicaid UPL rules and is to be adjusted as necessary to remain budget neutral.

60 28 effective October 1, 2015, subject to Medicaid program upper  
 60 29 payment limit rules and adjusted as necessary to maintain  
 60 30 expenditures within the amount appropriated to the department  
 60 31 for this purpose for the fiscal year.

60 32 Sec. 35. 2013 Iowa Acts, chapter 138, section 159,  
 60 33 subsection 1, paragraph f, subparagraph (1), is amended to read  
 60 34 as follows:

60 35 (1) For the fiscal year beginning July 1, 2014,  
 61 1 reimbursement rates for home health agencies shall continue to  
 61 2 be based on the Medicare low utilization payment adjustment  
 61 3 (LUPA) methodology in effect on June 30, 2014, as adjusted to  
 61 4 not exceed the reimbursement for the fiscal year beginning July  
 61 5 1, 2013 with state geographic wage adjustments. Beginning July  
 61 6 1, 2015, the department shall update the rates every two years  
 61 7 to reflect the most recent Medicare LUPA rates.

Requires the Home Health Agency reimbursement rates to continue to be based on the Medicare Low Utilization Payment Adjustment (LUPA) and that beginning July 1, 2015, the DHS is to update the rate every two years to reflect the most recent LUPA.

61 8 Sec. 36. 2013 Iowa Acts, chapter 138, section 159,  
 61 9 subsection 1, paragraph n, is amended to read as follows:  
 61 10 n. For the fiscal year beginning July 1, 2014, the  
 61 11 reimbursement rates for inpatient mental health services  
 61 12 provided at hospitals shall ~~remain at the rates in effect~~  
 61 13 ~~on June 30 be rebased effective October 1, 2014, subject to~~  
 61 14 ~~Medicaid program upper payment limit rules; community mental~~  
 61 15 ~~health centers and providers of mental health services to~~  
 61 16 ~~county residents pursuant to a waiver approved under section~~  
 61 17 ~~225C.7, subsection 3, shall be reimbursed at 100 percent of the~~  
 61 18 ~~reasonable costs for the provision of services to recipients of~~  
 61 19 ~~medical assistance; and psychiatrists shall be reimbursed at~~  
 61 20 ~~the medical assistance program fee for service rate.~~

Rebases inpatient mental health services effective October 1, 2014. The rebase is subject to the Medicaid Upper Payment Limit Rules and is to be adjusted as necessary to remain budget neutral. The paragraph also strikes Community Mental Health Centers (CMHC) from the reimbursement paragraph. The paragraph is replaced in the next Section.

61 21 Sec. 37. 2013 Iowa Acts, chapter 138, section 159,  
 61 22 subsection 1, is amended by adding the following new paragraph:  
 61 23 NEW PARAGRAPH 0o. For the fiscal year beginning July  
 61 24 1, 2014, community mental health centers may choose to be  
 61 25 reimbursed for the services provided to recipients of medical  
 61 26 assistance through either of the following options:  
 61 27 (1) For 100 percent of the reasonable costs of the services.  
 61 28 (2) In accordance with the alternative reimbursement rate  
 61 29 methodology established by the medical assistance program's  
 61 30 managed care contractor for mental health services and approved  
 61 31 by the department of human services.

Allows Community Mental Health Centers (CMHC) to choose between two different methodologies for reimbursement. The first option allows the CMHCs to be reimbursed at 100.00% of reasonable cost of service, and uses a cost settlement methodology. The second option is based on a fee schedule methodology through Magellan.

61 32 Sec. 38. 2013 Iowa Acts, chapter 138, section 159,  
 61 33 subsection 6, is amended to read as follows:  
 61 34 6. For the fiscal year beginning July 1, 2014, the  
 61 35 reimbursement rates for family-centered service providers,  
 62 1 family foster care service providers, ~~group foster care service~~  
 62 2 ~~providers~~, and the resource family recruitment and retention

62 3 contractor shall remain at the rates in effect on June 30,  
62 4 2014.

62 5 Sec. 39. 2013 Iowa Acts, chapter 138, section 159, is  
62 6 amended by adding the following new subsection:  
62 7 NEW SUBSECTION 6A. a. For the purposes of this  
62 8 subsection, "combined reimbursement rate" means the combined  
62 9 service and maintenance reimbursement rate for a service level  
62 10 under the department's reimbursement methodology. For the  
62 11 fiscal year beginning July 1, 2014, the combined reimbursement  
62 12 rate for a group foster care service level shall be the amount  
62 13 designated in this subsection. However, if a group foster care  
62 14 provider's reimbursement rate for a service level as of June  
62 15 30, 2014, is more than the rate designated in this subsection,  
62 16 the provider's reimbursement shall remain at the higher rate.  
62 17 b. Unless a group foster care provider is subject to the  
62 18 exception provided in paragraph "a", for the fiscal year  
62 19 beginning July 1, 2014, the combined reimbursement rates  
62 20 for the service levels under the department's reimbursement  
62 21 methodology shall be as follows:  
62 22 (1) For service level, community - D1, the rate shall be  
62 23 71 percent of the applicable patient-day weighted statewide  
62 24 average cost of group foster care cost reports that were  
62 25 verified and used for the foster group care rate methodology  
62 26 workgroup final report submitted to the general assembly in  
62 27 December 2012.  
62 28 (2) For service level, comprehensive - D2, the rate shall  
62 29 be 78 percent of the applicable patient-day weighted statewide  
62 30 average cost of group foster care cost reports that were  
62 31 verified and used for the foster group care rate methodology  
62 32 workgroup final report submitted to the general assembly in  
62 33 December 2012.  
62 34 (3) For service level, enhanced - D3, the rate shall be 93  
62 35 percent of the patient-day weighted statewide average cost of  
63 1 group foster care cost reports that were verified and used for  
63 2 the foster group care rate methodology workgroup final report  
63 3 submitted to the general assembly in December 2012.

63 4 Sec. 40. 2013 Iowa Acts, chapter 138, section 159,  
63 5 subsection 9, is amended to read as follows:  
63 6 9. For the fiscal year beginning July 1, ~~2013~~ 2014, the  
63 7 department shall calculate reimbursement rates for intermediate  
63 8 care facilities for persons with intellectual disabilities at  
63 9 the 80th percentile. Beginning July 1, ~~2013~~ 2014, the rate  
63 10 calculation methodology shall utilize the consumer price index  
63 11 inflation factor applicable to the fiscal year beginning July  
63 12 1, 2013.

Provides for group foster care providers to receive a receive a patient-day weighted statewide percent of the equalization rate based on the Foster Group Care Rate Methodology Workgroup recommendations from December 2012 that will allow for some form of an increase for every provider in each respective service category. No provider will experience a decrease in daily per diem rates if the rate is lowered due to equalization.

Requires the DHS to calculate reimbursement rates for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) at the 80th percentile for FY 2015 using the Consumer Price Index (CPI) inflation factor applicable for FY 2014.

63 13 Sec. 41. 2013 Iowa Acts, chapter 138, section 160, is  
 63 14 amended to read as follows:  
 63 15 SEC. 160. EMERGENCY RULES.  
 63 16 1. If specifically authorized by a provision of this  
 63 17 division of this Act for the fiscal year beginning July 1, ~~2013~~  
 63 18 2014, the department of human services or the mental health  
 63 19 and disability services commission may adopt administrative  
 63 20 rules under section 17A.4, subsection 3, and section 17A.5,  
 63 21 subsection 2, paragraph "b", to implement the provisions and  
 63 22 the rules shall become effective immediately upon filing or  
 63 23 on a later effective date specified in the rules, unless the  
 63 24 effective date is delayed by the administrative rules review  
 63 25 committee. Any rules adopted in accordance with this section  
 63 26 shall not take effect before the rules are reviewed by the  
 63 27 administrative rules review committee. The delay authority  
 63 28 provided to the administrative rules review committee under  
 63 29 section 17A.4, subsection 7, and section 17A.8, subsection 9,  
 63 30 shall be applicable to a delay imposed under this section;  
 63 31 ~~notwithstanding a provision in those sections making them~~  
 63 32 ~~inapplicable to section 17A.5, subsection 2, paragraph "b".~~  
 63 33 Any rules adopted in accordance with the provisions of this  
 63 34 section shall also be published as notice of intended action  
 63 35 as provided in section 17A.4.

Permits the DHS and the Mental Health and Disability Services Commission to adopt emergency rules when authorized.

64 1 2. If during the fiscal year beginning July 1, ~~2013~~  
 64 2 2014, the department of human services is adopting rules in  
 64 3 accordance with this section or as otherwise directed or  
 64 4 authorized by state law, and the rules will result in an  
 64 5 expenditure increase beyond the amount anticipated in the  
 64 6 budget process or if the expenditure was not addressed in  
 64 7 the budget process for the fiscal year, the department shall  
 64 8 notify the persons designated by this division of this Act for  
 64 9 submission of reports, the chairpersons and ranking members  
 64 10 of the committees on appropriations, and the department of  
 64 11 management concerning the rules and the expenditure increase.  
 64 12 The notification shall be provided at least 30 calendar days  
 64 13 prior to the date notice of the rules is submitted to the  
 64 14 administrative rules coordinator and the administrative code  
 64 15 editor.

Requires the DHS to report to the Chairpersons and Ranking Members of the Appropriations Committees, the LSA, and the DOM at least 30 days prior to submitting rules that have a fiscal impact that was not addressed in the budget process.

64 16 Sec. 42. 2013 Iowa Acts, chapter 138, section 161, is  
 64 17 amended to read as follows:  
 64 18 SEC. 161. REPORTS. Any reports or other information  
 64 19 required to be compiled and submitted under this Act during  
 64 20 the fiscal year beginning July 1, ~~2013~~ 2014, shall be  
 64 21 submitted to the chairpersons and ranking members of the joint  
 64 22 appropriations subcommittee on health and human services, the  
 64 23 legislative services agency, and the legislative caucus staffs

Requires any reports required by this Bill to be submitted to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA.

64 24 on or before the dates specified for submission of the reports  
64 25 or information.

64 26 DIVISION VI  
64 27 HEALTH CARE ACCOUNTS AND FUNDS

64 28 Sec. 43. 2013 Iowa Acts, chapter 138, section 162, is  
64 29 amended to read as follows:  
64 30 SEC. 162. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is  
64 31 appropriated from the pharmaceutical settlement account created  
64 32 in section 249A.33 to the department of human services for the  
64 33 fiscal year beginning July 1, 2014, and ending June 30, 2015,  
64 34 the following amount, or so much thereof as is necessary, to be  
64 35 used for the purpose designated:

65 1	Notwithstanding any provision of law to the contrary, to
65 2	supplement the appropriations made in this Act for medical
65 3	contracts under the medical assistance program for the fiscal
65 4	year beginning July 1, <del>2013</del> <u>2014</u> , and ending June 30, <del>2014</del>
65 5	<u>2015</u> :
65 6	..... \$ 3,325,000
65 7	..... <u>5,467,564</u>

Pharmaceutical Settlement Account appropriation to the DHS for medical contracts in Medicaid.

DETAIL: This is an decrease of \$1,182,436 compared to estimated FY 2014.

65 8 Sec. 44. 2013 Iowa Acts, chapter 138, section 163, is  
65 9 amended to read as follows:  
65 10 SEC. 163. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF  
65 11 HUMAN SERVICES. Notwithstanding any provision to the contrary  
65 12 and subject to the availability of funds, there is appropriated  
65 13 from the quality assurance trust fund created in section  
65 14 249L.4 to the department of human services for the fiscal year  
65 15 beginning July 1, 2014, and ending June 30, 2015, the following  
65 16 amounts, or so much thereof as is necessary, for the purposes  
65 17 designated:

65 18	To supplement the appropriation made in this Act from the
65 19	general fund of the state to the department of human services
65 20	for medical assistance for the same fiscal year:
65 21	..... \$ 28,788,917
65 22	..... <u>29,195,653</u>

Quality Assurance Trust Fund appropriation to supplement Nursing Facilities under the Medicaid Program.

DETAIL: This is an increase of \$406,736 compared to estimated FY 2014. The increase is due to more revenue available in the Fund.

65 23 DIVISION VII  
65 24 PERSONNEL SETTLEMENT AGREEMENTS  
65 25 Sec. 45. PERSONNEL SETTLEMENT AGREEMENT PAYMENTS. As a  
65 26 condition of the appropriations in this 2014 Act, the moneys  
65 27 appropriated and any other moneys available shall not be used  
65 28 for payment of a personnel settlement agreement that contains a  
65 29 confidentiality provision intended to prevent public disclosure  
65 30 of the agreement or any terms of the agreement.

Specifies that no money appropriated in this Bill, or any other funds available, are to be used for the payment of personnel settlement agreements that contain confidentiality provisions intended to prevent public disclosure of the agreement or any terms.

65 31 DIVISION VIII Requires any agency appropriated funds in this Bill to give first

65 32 IOWA PRODUCTS  
 65 33 Sec. 46. IOWA PRODUCTS. As a condition of receiving an  
 65 34 appropriation, any agency appropriated moneys pursuant to this  
 65 35 2014 Act shall give first preference when purchasing a product  
 66 1 to an Iowa product or a product produced by an Iowa-based  
 66 2 business. Second preference shall be given to a United States  
 66 3 product or a product produced by a business based in the United  
 66 4 States.

preference when purchasing to products made in Iowa and second to products made in the United States.

66 5 DIVISION IX  
 66 6 PRIOR YEAR APPROPRIATIONS  
 66 7 MEDICAL RESIDENCY

66 8 Sec. 47. 2013 Iowa Acts, chapter 138, section 3, subsection  
 66 9 4, paragraph r, is amended to read as follows:  
 66 10 r. Of the funds appropriated in this subsection, \$2,000,000  
 66 11 shall be deposited in the medical residency training account  
 66 12 created in section 135.175, subsection 5, paragraph "a", and  
 66 13 is appropriated from the account to the department of public  
 66 14 health to be used for the purposes of the medical residency  
 66 15 training state matching grants program as specified in section  
 66 16 135.176. However, notwithstanding any provision to the  
 66 17 contrary in section 135.176, priority in the awarding of grants  
 66 18 shall be given to new residency programs and the expansion  
 66 19 of existing residency programs which propose expansion of  
 66 20 psychiatric residency positions and family practice residency  
 66 21 positions.

Allows the the DPH to use the medical residency training account for the purposes of the Medical Residency Training Program. Specifies that grants for new medical residency positions, psychiatric residency positions, and family practice positions, have priority.

66 22 CONSUMER-DIRECTED ATTENDANT CARE

66 23 Sec. 48. 2013 Iowa Acts, chapter 138, section 12, subsection  
 66 24 19, paragraph a, subparagraph (6), is amended to read as  
 66 25 follows:  
 66 26 ~~—(6) The department shall require transition of the~~  
 66 27 ~~provision by individual providers of personal care under the~~  
 66 28 ~~consumer-directed attendant care option to agency-provided~~  
 66 29 ~~personal care services and shall retain the consumer choice~~  
 66 30 ~~option for those individuals able and desiring to self-direct~~  
 66 31 ~~services.~~

Strikes the cost containment strategy from SF 446 that requires Consumer-Directed Attendant Care (CDAC) providers to transition to agency provided personal care services or the Consumer Choice Option (CCO).

66 32 AUTISM

66 33 Sec. 49. 2013 Iowa Acts, chapter 138, section 13, subsection  
 66 34 10, is amended to read as follows:  
 66 35 10. Of the funds appropriated in this section, \$2,000,000  
 67 1 shall be used for the autism support program created in  
 67 2 chapter 225D, as enacted in this Act, beginning January 1,

Permits the DHS to carryforward any unspent funding from the Autism Treatment Program to FY 2015. It is anticipated there will be \$1,000,000 in carryforward.

67 3 2014. Notwithstanding section 8.33, moneys allocated in this  
 67 4 subsection that remain unencumbered or unobligated at the close  
 67 5 of the fiscal year shall not revert but shall remain available  
 67 6 for expenditure for the purposes designated until the close of  
 67 7 the succeeding fiscal year.

67 8 STATE SUPPLEMENTARY ASSISTANCE

67 9 Sec. 50. 2013 Iowa Acts, chapter 138, section 14, is amended  
 67 10 by adding the following new subsection:  
 67 11 new subsection 4. Notwithstanding section 8.33, moneys  
 67 12 appropriated in this section that remain unencumbered or  
 67 13 unobligated at the close of the fiscal year shall not revert  
 67 14 but shall remain available for expenditure for the purposes  
 67 15 designated until the close of the succeeding fiscal year.

Permits the DHS to carryforward any unspent funding from the State Supplementary Assistance Program to FY 2015.

67 16 FOSTER CARE RESPITE

67 17 Sec. 51. 2013 Iowa Acts, chapter 138, section 18, subsection  
 67 18 26, is amended to read as follows:  
 67 19 26. Of the funds appropriated in this section, at least  
 67 20 \$25,000 shall be used to continue and to expand the foster  
 67 21 care respite pilot program in which postsecondary students in  
 67 22 social work and other human services-related programs receive  
 67 23 experience by assisting family foster care providers with  
 67 24 respite and other support. Notwithstanding section 8.33,  
 67 25 moneys allocated in this subsection that remain unencumbered or  
 67 26 unobligated at the close of the fiscal year shall not revert  
 67 27 but shall remain available for expenditure for the purposes  
 67 28 designated until the close of the succeeding fiscal year.

Allocates \$25,000 for the Iowa Foster Care Respite Pilot Program to continue and expand operations.

DETAIL: Permits the DHS to carryforward any unspent funding from the Iowa Foster Care Respite Pilot Program.

67 29 COMMUNITY MENTAL HEALTH CENTER REIMBURSEMENT

67 30 Sec. 52. 2013 Iowa Acts, chapter 138, section 29, subsection  
 67 31 1, paragraph n, is amended to read as follows:  
 67 32 n. For the fiscal year beginning July 1, 2013, the  
 67 33 reimbursement rates for inpatient mental health services  
 67 34 provided at hospitals shall be increased by 1 percent over the  
 67 35 rates in effect on June 30, 2013, subject to Medicaid program  
 68 1 upper payment limit rules; ~~community mental health centers~~  
 68 2 ~~and providers of mental health services to county residents~~  
 68 3 ~~pursuant to a waiver approved under section 225C.7, subsection~~  
 68 4 ~~3, shall be reimbursed at 100 percent of the reasonable~~  
 68 5 ~~costs for the provision of services to recipients of medical~~  
 68 6 ~~assistance; and psychiatrists shall be reimbursed at the~~  
 68 7 medical assistance program fee-for-service rate.

Strikes Community Mental Health Centers from the reimbursement paragraph for FY 2014.

68 8 Sec. 53. 2013 Iowa Acts, chapter 138, section 29, subsection  
 68 9 1, is amended by adding the following new paragraph:  
 68 10 NEW PARAGRAPH 0o. For the fiscal year beginning July  
 68 11 1, 2013, community mental health centers may choose to be  
 68 12 reimbursed for the services provided to recipients of medical  
 68 13 assistance through either of the following options:  
 68 14 (1) For 100 percent of the reasonable costs of the services.  
 68 15 (2) In accordance with the alternative reimbursement rate  
 68 16 methodology established by the medical assistance program's  
 68 17 managed care contractor for mental health services and approved  
 68 18 by the department of human services.

Allows CMHCs to choose between two different methodologies for reimbursement beginning in FY 2014. The first option allows CMHCs to be reimbursed at 100.00% of reasonable cost of service, and uses a cost settlement methodology. The second option is based on a fee schedule methodology through Magellan.

68 19 Sec. 54. EMERGENCY RULES. The department of human services  
 68 20 may adopt emergency rules under section 17A.4, subsection 3,  
 68 21 and section 17A.5, subsection 2, paragraph "b", to implement  
 68 22 the section of this division of this Act amending 2013 Iowa  
 68 23 Acts, chapter 138, section 29, subsection 1, paragraph "n" and  
 68 24 enacting "0o", and the rules shall be effective immediately  
 68 25 upon filing unless a later date is specified in the rules. Any  
 68 26 rules adopted in accordance with this section shall also be  
 68 27 published as a notice of intended action as provided in section  
 68 28 17A.4.

Allows the DHS to adopt emergency rules to implement the changes in reimbursement for CMHCs.

68 29 Sec. 55. EFFECTIVE UPON ENACTMENT. This division of this  
 68 30 Act, being deemed of immediate importance, takes effect upon  
 68 31 enactment.

This Division making changes to the Medical Residency Program, the Consumer-Directed Attendant Care (CDAC) Program under Medicaid, the Autism Program, the Foster Care Respite Program, and Community Mental Health Center (CMHC) reimbursement takes effect upon enactment.

68 32 Sec. 56. RETROACTIVE APPLICABILITY. The section of this  
 68 33 division of this Act amending 2013 Iowa Acts, chapter 138,  
 68 34 section 12, subsection 19, paragraph "a", subparagraph (6),  
 68 35 applies retroactively to July 1, 2013.

The Section relating to CDAC is retroactive to July 1, 2013.

69 1 Sec. 57. RETROACTIVE APPLICABILITY. The sections of this  
 69 2 division of this Act amending 2013 Iowa Acts, chapter 138,  
 69 3 section 29, subsection 1, paragraph "n" and enacting new  
 69 4 paragraph "0o", apply retroactively to July 1, 2013.

The Sections relating to CMHC reimbursement are retroactive to July 1, 2013.

69 5 DIVISION X  
 69 6 MENTAL HEALTH AND DISABILITY SERVICES  
 69 7 Sec. 58. MENTAL HEALTH AND DISABILITY SERVICES —  
 69 8 EQUALIZATION PAYMENTS TRANSFER AND APPROPRIATION.

69 9 1. There is transferred from the general fund of the  
 69 10 state to the department of human services for the fiscal year  
 69 11 beginning July 1, 2014, and ending June 30, 2015, the following  
 69 12 amount, or so much thereof as is necessary, to be used for the

Provides an FY 2015 General Fund appropriation to the Property Tax Relief Fund for Mental Health and Disability Services equalization payments to counties.

69 13 purposes designated:  
 69 14 For deposit in the property tax relief fund created in  
 69 15 section 426B.1, for distribution as provided in this section:  
 69 16 ..... \$ 30,555,823

DETAIL: This is an increase of \$735,345 compared to estimate FY 2014.

69 17 2. The moneys credited to the property tax relief fund in  
 69 18 accordance with this section are appropriated to the department  
 69 19 of human services for distribution of equalization payments for  
 69 20 counties in the amounts specified in section 426B.3, subsection  
 69 21 4, for the fiscal year beginning July 1, 2014. If the county  
 69 22 is part of a region that has been approved by the department in  
 69 23 accordance with section 331.389, to commence partial or full  
 69 24 operations, the county's equalization payment shall be remitted  
 69 25 to the region for expenditure as approved by the region's  
 69 26 governing board.

Specifies the moneys credited to the Property Tax Relief Fund are appropriated to the DHS to make an equalization payment to the counties. Funds are to be distributed based on the \$47.28 equalization plan enacted in SF 2315 (FY 2013 Adult Mental Health and Disability Services System Redesign Act).

69 27 3. a. For the purposes of this subsection, "payment  
 69 28 obligation" means an outstanding obligation for payment to  
 69 29 the department of human services for the undisputed cost of  
 69 30 services provided under the medical assistance program prior  
 69 31 to July 1, 2012, or for the undisputed cost of non-Medicaid  
 69 32 services provided prior to July 1, 2013.

Defines "payment obligation" as an outstanding obligation to the DHS related to Medicaid services provided prior to July 1, 2012, or non-Medicaid services provided prior to July 1, 2013.

69 33 b. Unless a county has entered into an agreement as provided  
 69 34 in paragraph "c", if a county receiving an equalization payment  
 69 35 under this section has a payment obligation, the county shall  
 70 1 remit to the department any unpaid portion of the payment  
 70 2 obligation prior to June 30, 2015, from moneys available to the  
 70 3 county that meet federal match requirements for the medical  
 70 4 assistance program.

Specifies that if a county receiving an equalization payment has an outstanding debt to the DHS the county is required to remit that obligation to the Department by June 30, 2015.

70 5 c. A county that has not paid the county's payment  
 70 6 obligation in full as provided in paragraph "b" shall enter  
 70 7 into an agreement with the department for remittance of  
 70 8 any unpaid portion of the county's payment obligation. An  
 70 9 agreement entered into under this lettered paragraph shall  
 70 10 provide for remittance of any unpaid portion by the end of  
 70 11 the fiscal year beginning July 1, 2014. The equalization  
 70 12 payment for a county subject to this lettered paragraph shall  
 70 13 be remitted as provided by the county's agreement with the  
 70 14 department.

Specifies that any county that has not paid its outstanding debt to the DHS is required to enter into an agreement with the DHS for the remittance of any unpaid portion by the end of FY 2015.

70 15 d. The equalization payment for a county that is not subject  
 70 16 to paragraph "c" shall be remitted on or before July 15, 2014.

Requires equalization payments to the county that are not subject to the repayment agreement above to be made by July 15, 2014.

70 17 Sec. 59. STATE PAYMENT PROGRAM REMITTANCE APPROPRIATION.  
 70 18 The moneys transferred to the property tax relief fund for the  
 70 19 fiscal year beginning July 1, 2014, from the federal social

Allocates \$11,774,275 in funding that was previously appropriated to the State Payment Program to counties in the same amount counties received over the previous 12 months.

70 20 services block grant pursuant to 2013 Iowa Acts, chapter 136,  
 70 21 section 11, subsection 3, paragraph “e”, and from the federal  
 70 22 temporary assistance for needy families block grant, totaling  
 70 23 at least \$11,774,275, are appropriated to the department of  
 70 24 human services for the fiscal year beginning July 1, 2014, to  
 70 25 be used for distribution of state payment program remittances  
 70 26 to counties for the fiscal year in accordance with this  
 70 27 section. The state payment program remittance shall be an  
 70 28 amount equal to the amount paid to a county of residence under  
 70 29 the program for state case services known as the state payment  
 70 30 program, implemented pursuant to section 331.440, subsection 5,  
 70 31 Code 2013, for the same 12-month period of August 2012 through  
 70 32 July 2013 used to distribute state payment program remittances  
 70 33 to counties in the state fiscal year beginning July 1, 2013. A  
 70 34 county shall provide the remittance received by the county to  
 70 35 the county’s mental health and disability services region.

DETAIL: The State Payment Program was to pay for individuals without a county of legal settlement. County of legal settlement has been eliminated and payment is now based on county of residency.

71 1 Sec. 60. VOCATIONAL REHABILITATION SERVICES —  
 71 2 EMPLOYMENT. The department of human services and the division  
 71 3 of vocational rehabilitation services of the department of  
 71 4 education shall jointly develop protocols and program models to  
 71 5 integrate the employment-related services and other supports  
 71 6 provided to persons with disabilities through federal match  
 71 7 funding administered by the department and the division.  
 71 8 The department and the division shall report on or before  
 71 9 December 15, 2014, to the individuals identified in this Act  
 71 10 for submission of reports and to the chairpersons and ranking  
 71 11 members of the joint appropriations subcommittee on education  
 71 12 on the expenditure of such funding in the previous fiscal year  
 71 13 along with findings and recommendations.

Requires the DHS and the Department of Education Vocational Rehabilitation Division to jointly develop protocols and program models to integrate employment-related services for persons with disabilities through federal matching Vocational Rehabilitation funds. The two agencies are to report to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA on findings and recommendations by December 15, 2014.

71 14 Sec. 61. BED AVAILABILITY TRACKING SYSTEM PROPOSAL. The  
 71 15 department of human services shall continue and expand upon  
 71 16 the study regarding the possible development of a psychiatric  
 71 17 and substance-related disorder treatment hospital bed tracking  
 71 18 system as documented in its report submitted in December  
 71 19 2013 pursuant to 2013 Iowa Acts, chapter 130, section 56.  
 71 20 In addition to representatives of magistrates and the Iowa  
 71 21 hospital association, the expanded study shall include  
 71 22 representatives of the regional mental health and disability  
 71 23 services system, state mental health institutes, the Iowa  
 71 24 behavioral health association, and the Iowa association of  
 71 25 community providers. The study shall identify options for  
 71 26 implementing a bed tracking system in the fiscal year beginning  
 71 27 July 1, 2015, and include a detailed proposal for the option  
 71 28 preferred by the study group. The content of the detailed  
 71 29 proposal shall include a budget, identification of how bed  
 71 30 availability and related data would be entered into the system

Requires the DHS to expand on the study regarding a hospital bed tracking system for psychiatric and substance-related placements. The new study is to include regional Mental Health and Disability Services representatives, the Behavioral Health Association, and the Iowa Association of Community providers. The DHS is to submit the updated proposal to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA by December 15, 2014.

71 31 and verified, how privacy information would be protected,  
 71 32 preferred options and rationales for addressing implementation  
 71 33 issues, a preferred administrative structure, and other  
 71 34 operational provisions. The results of the expanded study  
 71 35 shall be submitted on or before December 15, 2014, along with  
 72 1 findings and recommendations to the governor and the persons  
 72 2 designated by this Act for submission of reports.

72 3 Sec. 62. STUDY OF COMMUNITY-BASED SERVICE OPTIONS FOR  
 72 4 PERSONS WITH SERIOUS MENTAL ILLNESS. The department of human  
 72 5 services shall engage representatives of the department of  
 72 6 inspections and appeals, department on aging, the regional  
 72 7 mental health and disability services system, the Iowa  
 72 8 association of community providers, the Iowa behavioral  
 72 9 health association, and other service providers, and other  
 72 10 stakeholders to study community-based placement options for  
 72 11 persons with serious mental illness to divert them from or end  
 72 12 their need for an institutional placement. The study shall  
 72 13 consider both services currently available and services that  
 72 14 should be developed to meet the needs of persons with serious  
 72 15 mental illness. The system elements addressed by the study  
 72 16 shall include but are not limited to regulatory, liability,  
 72 17 and funding issues, and other barriers to maintaining  
 72 18 current community-based services options and developing new  
 72 19 options. The results of the study, including findings and  
 72 20 recommendations shall be reported on or before December 15,  
 72 21 2014, to the governor and the persons designated by this Act  
 72 22 for submission of reports.

Requires the DHS to convene a group to study community-based placement options for persons with serious mental illness to divert them from institutional placements. The group is to look at regulations, liability, funding issues, and other barriers to developing new options. The Group must submit their findings to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA by December 15, 2014.

72 23 Sec. 63. Section 331.388, subsection 3, Code 2014, is  
 72 24 amended to read as follows:  
 72 25 3. "Population" means as of July 1 of the fiscal year  
 72 26 preceding the fiscal year in which the population figure is  
 72 27 applied, the population shown by the latest preceding certified  
 72 28 federal census or the latest applicable population estimate  
 72 29 issued by the United States census bureau, whichever is most  
 72 30 recent.

CODE: Amends the population definition used to distribute the Mental Health and Disability Services equalization payment. The estimate that will used is the one from the proceeding fiscal year.

72 31 Sec. 64. Section 331.391, Code 2014, is amended by adding  
 72 32 the following new subsection:  
 72 33 NEW SUBSECTION 4. If a region is meeting the financial  
 72 34 obligations for implementation of its regional service system  
 72 35 management plan for a fiscal year and residual funding is  
 73 1 anticipated, the regional administrator shall reserve an  
 73 2 adequate amount for cash flow of expenditure obligations in  
 73 3 the next fiscal year. The cash flow amount shall not exceed  
 73 4 twenty-five percent of the gross expenditures budgeted for the  
 73 5 combined account or for all regional accounts for the fiscal

CODE: Requires a region to reserve up to 25.00% of funds needed to meet projected expenditures if the region is meeting all obligations of the management plan. Any residual funding remaining is to be used to expand the regions core services.

73 6 year in progress. Residual funding remaining after the cash  
 73 7 flow amount is reserved shall be used to expand the region's  
 73 8 core services under section 331.397, subsection 4, and then to  
 73 9 make additional core service domains available in the region as  
 73 10 enumerated in section 331.397, subsection 6.

73 11 Sec. 65. Section 331.397, subsection 4, paragraph d,  
 73 12 unnumbered paragraph 1, Code 2014, is amended to read as  
 73 13 follows:

73 14 Support for employment or for activities leading to  
 73 15 employment providing an appropriate match with an individual's  
 73 16 abilities based upon informed, person-centered choices made  
 73 17 from an array of options, including but not limited to all of  
 73 18 the following:

73 19 Sec. 66. Section 331.424A, Code 2014, is amended by adding  
 73 20 the following new subsection:

73 21 NEW SUBSECTION 3A. An amount shall be reserved in the  
 73 22 county services fund to address cash flow obligations in the  
 73 23 next fiscal year. The cash flow amount shall not exceed  
 73 24 twenty-five percent of the gross expenditures budgeted from the  
 73 25 county services fund for the fiscal year in progress. The cash  
 73 26 flow amount for a county's services fund shall be specified in  
 73 27 the regional governance agreement entered into by the county  
 73 28 under section 331.392.

73 29 Sec. 67. Section 426B.3, subsection 4, Code 2014, is amended  
 73 30 to read as follows:

73 31 4. a. For the fiscal years beginning July 1, 2013,  
 73 32 ~~and July 1, 2014, and July 1, 2015~~, a county with a county  
 73 33 population expenditure target amount that exceeds the amount  
 73 34 of the county's base year expenditures for mental health and  
 73 35 disabilities services shall receive an equalization payment for  
 74 1 the difference.

74 2 b. The equalization payments determined in accordance  
 74 3 with this subsection shall be made by the department of human  
 74 4 services for each fiscal year as provided in appropriations  
 74 5 made from the property tax relief fund for this purpose. If  
 74 6 the county is part of a region that has been approved by the  
 74 7 department in accordance with section 331.389, to commence  
 74 8 partial or full operations, the county's equalization payment  
 74 9 shall be remitted to the region or the county, as appropriate,  
 74 10 for expenditure as approved by the region's governing board or  
 74 11 in accordance with the county's service management plan, as  
 74 12 appropriate. The payment for a county that has been approved  
 74 13 by the department to operate as an individual county region  
 74 14 shall be remitted to the county for expenditure as approved by  
 74 15 the county board of supervisors. For the fiscal year beginning

CODE: Adds "or for activities leading to employment providing an appropriate match with an individual's abilities based upon informed, person-centered choices made from an array of options" to the Mental Health and Disability Services Core Service Domain for employment.

CODE: Specifies county cash reserves are not to exceed 25.00% of gross expenditures.

CODE: Extends the Mental Health and Disability Services equalization payment through FY 2016.

74 16 July 1, 2013, and succeeding fiscal years, the payment shall  
 74 17 be remitted ~~on or before December 31~~ only for those counties  
 74 18 approved to operate as an individual county region or to be  
 74 19 part of a region. Remittance of the payment for a county  
 74 20 without such approval shall be deferred until such approval is  
 74 21 granted.

74 22 Sec. 68. Section 426B.3, subsection 5, paragraph b, Code  
 74 23 2014, is amended to read as follows:  
 74 24 b. (1) For the fiscal year beginning July 1, 2013, and  
 74 25 succeeding fiscal years, the department of human services shall  
 74 26 calculate a Medicaid offset amount for each county for the  
 74 27 fiscal year. The department shall adopt rules in consultation  
 74 28 with the county finance committee specifying the information  
 74 29 to be used in calculating a Medicaid offset amount. The  
 74 30 information shall include but is not limited to identification  
 74 31 of the amount expended for specific services and supports that  
 74 32 would otherwise be payable by the county for persons eligible  
 74 33 under a county's approved service management plan but are  
 74 34 were instead paid by the Iowa health and wellness plan. The  
 74 35 amount calculated for a county shall be subject to review by  
 75 1 the auditor of that county or subject to independent audit.  
 75 2 The Medicaid offset amounts calculated for the counties are  
 75 3 subject to review by the auditor of state and by the fiscal  
 75 4 agent for the affected region prior to their certification. If  
 75 5 the auditor of state and the fiscal agent do not agree, the  
 75 6 differences shall be resolved in a hearing procedure before  
 75 7 an administrative law judge. The Medicaid offset amounts  
 75 8 calculated by the department for a county for a fiscal year are  
 75 9 not official until certified by the director of human services  
 75 10 and submitted to the governor and general assembly by ~~October~~  
 75 11 ~~45~~ December 1 immediately following the end of the fiscal year  
 75 12 for which the offset amounts were calculated. The director's  
 75 13 certification shall be considered final agency action.  
 75 14 (2) In implementing subparagraph (1), a county's offset  
 75 15 amount for the fiscal year beginning July 1, 2013, shall be  
 75 16 calculated by first identifying the actual amounts expended  
 75 17 from the county's services fund during the base period of July  
 75 18 1, 2013, through December 31, 2013, for services and supports  
 75 19 provided to persons who became eligible for the Iowa health  
 75 20 and wellness plan during the implementation period of January  
 75 21 1, 2014, and June 30, 2014. For purposes of calculating the  
 75 22 offset amount, it shall be assumed that the expenditures for  
 75 23 the same services and supports provided under the plan during  
 75 24 the implementation period are equal to the amount expended by  
 75 25 the county for those services and supports for the comparable  
 75 26 time during the base period.

CODE: Makes various changes to the Medicaid clawback of savings due to the shift of funding from the counties to the the new Iowa Health and Wellness Plan (I-HAWP) including:

- Requires rules for the clawback to include the amount expended for specific services and supports.
- The Medicaid offset amounts calculated for the counties are subject to review by the Auditor of State and the fiscal agent for the affected region prior to certification.
- If the Auditor of State and the fiscal agent do not agree, the differences are to be resolved in a hearing procedure before an Administrative Law Judge.
- The offset amount is to be certified by and submitted to the Governor and General Assembly by December 1, annually.
- Requires the offset amount certified in FY 2014 to be based on actual expenditures for the second half of the fiscal year subtracted from the actual expenditures from the first half of the fiscal year.

75 27 Sec. 69. 2013 Iowa Acts, chapter 136, section 11, subsection  
 75 28 3, paragraph e, is amended to read as follows:  
 75 29 e. To be credited to the property tax relief fund created  
 75 30 in section 426B.1:  
 75 31 (1) FY 2013-2014  
 75 32 ..... \$ 7,480,233  
 75 33 Of the amount allocated in this subparagraph, up to  
 75 34 \$600,000 may be used by the department of human services for  
 75 35 distribution to counties for state case services provided  
 76 1 ~~in prior fiscal years~~ for persons with mental illness,  
 76 2 intellectual disability, or a developmental disability in  
 76 3 accordance with section 331.440, Code 2013 or a dispute  
 76 4 resolution process implemented in accordance with section  
 76 5 331.394, subsection 5 or 6.  
 76 6 (2) FFY 2014-2015  
 76 7 ..... \$ 7,480,233  
 76 8 Of the amount allocated in this subparagraph, up to  
 76 9 \$600,000 may be used by the department of human services for  
 76 10 distribution to counties for state case services provided for  
 76 11 persons with mental illness, intellectual disability, or a  
 76 12 developmental disability in accordance with section 331.440,  
 76 13 Code 2013, or in accordance with a dispute resolution process  
 76 14 implemented in accordance with section 331.394, subsection 5  
 76 15 or 6.

Amends HF 614 (FY 2014 Federal Block Grant Appropriations Act) to allow up to \$600,000 to be used by the DHS for distribution to counties for State Case Services. This continues current practice.

76 16 DIVISION XI  
 76 17 FAMILY SUPPLEMENTATION

76 18 Sec. 70. Section 249A.4, subsection 10, paragraph b,  
 76 19 subparagraph (6), Code 2014, is amended to read as follows:  
 76 20 (6) Supplementation shall not be applicable if the  
 76 21 facility's occupancy rate is less than ~~eighty~~ fifty percent.

CODE: Lowers the nursing facility occupancy rate to 50.00% to allow families to supplement nursing facility residents for a private room.

76 22 DIVISION XII  
 76 23 MISCELLANEOUS

76 24 Sec. 71. Section 256I.8, subsection 3, Code 2014, is amended  
 76 25 to read as follows:  
 76 26 3. An area board shall not be a provider of services to or  
 76 27 for the area board except as authorized by a waiver granted  
 76 28 by the state board. The state board shall adopt criteria  
 76 29 for granting a waiver based upon cost effectiveness, service  
 76 30 quality improvement or maintenance, or other appropriate basis  
 76 31 identified by the state board.

CODE: Prohibits an Early Childhood Iowa Board from providing services to or for the Area Board unless a waiver is granted by the State Board. The State Board is to adopt criteria for granting waivers.

76 32 DIVISION XIII  
 76 33 ASSET VERIFICATION

76 34 Sec. 72. MEDICAID PROGRAM — ASSET, INCOME, AND IDENTITY

Requires the DHS to issue a request for proposals to contract with a

76 35 VERIFICATION. The department of human services shall issue a  
 77 1 request for proposals to contract with a third-party vendor  
 77 2 to establish an electronic asset, income, and identity  
 77 3 eligibility verification system for the purposes of determining  
 77 4 or redetermining the eligibility of an individual who is  
 77 5 an applicant for or recipient of medical assistance under  
 77 6 the Medicaid state plan on the basis of being aged, blind,  
 77 7 or disabled in accordance with 42 U.S.C. §1396w. The  
 77 8 third-party vendor selected shall be able to demonstrate in  
 77 9 writing its current relationships or contracts with financial  
 77 10 institutions in the state and nationally. Participation by  
 77 11 financial institutions in providing account balances for asset  
 77 12 verification shall remain voluntary. The department may  
 77 13 transfer funds appropriated in this 2014 Act for the Medicaid  
 77 14 program as necessary to pay the selected third-party vendor in  
 77 15 accordance with this section. The department of human services  
 77 16 shall submit by September 1, 2014, a progress report to the  
 77 17 individuals identified in this 2014 Act for submission of  
 77 18 reports.

77 19 Sec. 73. EFFECTIVE UPON ENACTMENT. This division of this  
 77 20 Act, being deemed of immediate importance, takes effect upon  
 77 21 enactment.

77 22 DIVISION XIV  
 77 23 INTERDEPARTMENTAL COORDINATION — INDIVIDUALS RELEASED FROM  
 77 24 CORRECTIONAL SYSTEM

77 25 Sec. 74. INTERDEPARTMENTAL COORDINATION — INDIVIDUALS  
 77 26 RELEASED FROM THE CORRECTIONAL SYSTEM.

77 27 1. The department of human services, the department of  
 77 28 public health, the department on aging, the department of  
 77 29 workforce development, and the department of corrections shall  
 77 30 implement an interagency collaborative effort to provide an  
 77 31 integrated approach to address the medical and psychosocial  
 77 32 needs of individuals upon release from a correctional facility.

77 33 The collaboration shall provide for all of the following:

77 34 a. Coordination between the departments of policies and  
 77 35 procedures to facilitate information sharing, during the  
 78 1 prerelease, transitional, and postrelease phases, including the  
 78 2 development of protocols to share health and other personal  
 78 3 information of an individual between departmental personnel  
 78 4 involved in providing the individual's prerelease, transition,  
 78 5 and postrelease services and support.

78 6 b. Cross-disciplinary prerelease preparation that includes  
 78 7 application for medical assistance, social security disability,  
 78 8 and other supports for which the individual may be eligible;  
 78 9 assessment of the holistic clinical and social needs of the  
 78 10 individual including but not limited those relating to health

third-party vendor to establish an electronic asset, income, and identity eligibility verification system for individuals that apply for Medicaid on the basis of being aged, blind, or disabled. The DHS may transfer funds to implement this Division and is required to submit a progress report by September 1, 2014, to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA.

FISCAL IMPACT: This change is estimated to cost the General Fund \$686,000 in FY 2015 and be budget neutral in FY 2016. Additional savings in excess of the ongoing operational costs may be realized in FY 2016 and beyond but it is difficult to estimate the number of denials due to excess income and the level of cooperation from financial institutions.

The Division creating a third-party Medicaid asset, income, and identity verification system is effective on enactment.

Requires the DHS, the DPH, the Department of Workforce Development, the IDA, and the Department of Corrections (DOC), to implement an interagency collaborative effort to provide an integrated approach to address the medical and psychosocial needs of individuals released from correctional facilities. The Departments are to submit a report to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA with the details of approaches developed and implemented, recommendations for changes to rules or statute, or any other recommendations requiring action by the General Assembly.

78 11 and medical care, housing, education and training, employment  
 78 12 assistance, and legal assistance; and identification of  
 78 13 community-based services and providers necessary to address  
 78 14 identified needs, including but not limited those necessary to  
 78 15 address mental health and substance-related disorders.

78 16 c. Transitional and postrelease interagency communication  
 78 17 and coordination to ensure a more seamless transition  
 78 18 of the individual to the community, ongoing linkages to  
 78 19 community-based services, and continuity of care.

78 20 2. The departments shall submit by December 15, 2014, a  
 78 21 report to the individuals identified in this 2014 Act for  
 78 22 submission of reports describing the details of the approach  
 78 23 developed and implemented, any barriers to the development  
 78 24 and implementation, any recommendations for changes in  
 78 25 statute or rules to facilitate the approach, and any other  
 78 26 recommendations.

#### 78 27 DIVISION XV

#### 78 28 DEPARTMENTAL RESPONSIBILITY FOR MENTAL HEALTH ADVOCATES

78 29 Sec. 75.NEW SECTION 10A.901 DEFINITIONS.

78 30 As used in this article, unless the context otherwise  
 78 31 requires:

78 32 1. "Administrator" means the person coordinating the  
 78 33 administration of the division.

78 34 2. "Division" means the mental health advocate division of  
 78 35 the department of inspections and appeals.

79 1 Sec. 76.NEW SECTION 10A.902 DUTIES OF ADMINISTRATOR.

79 2 The administrator shall administer the division's conduct  
 79 3 of the mental health advocate program as provided by section  
 79 4 229.19 and other applicable law. The person appointed as  
 79 5 administrator must meet the qualifications to be appointed as a  
 79 6 mental health advocate. The administrator's duties may include  
 79 7 but are not limited to all of the following:

79 8 1. a. Approving the appointment of persons to serve as  
 79 9 mental health advocates and identifying qualifications for  
 79 10 persons serving as mental health advocates. A mental health  
 79 11 advocate serving as of June 30, 2015, shall be deemed to be  
 79 12 qualified. The minimum qualifications for a mental health  
 79 13 advocate whose initial appointment commences on or after July  
 79 14 1, 2015, shall be a bachelor's degree from an accredited  
 79 15 school, college, or university in social work, counseling,  
 79 16 human services, health, nursing, or psychology, and one year  
 79 17 of experience in the provision of mental health services. A  
 79 18 person who is a licensed registered nurse pursuant to chapter  
 79 19 152 who is current with applicable continuing education  
 79 20 requirements shall be deemed to have met the minimum experience  
 79 21 requirement.

79 22 b. The administrator shall contract with the state board of

CODE: Establishes a new Division of Mental Health Advocate in the DIA and specifies duties for the administrator of the office. A transition provision directs the DIA to commence organizational activities during FY 2015 as necessary to fully implement the new Division and all of the Bill's provisions on July 1, 2015.

FISCAL IMPACT: The Bill provides \$250,000 under the DHS General Administration appropriation for FY 2015. There are currently 41 mental health advocates working across the State and it is assumed that an additional \$1,000,000 will be needed to fund mental health advocates statewide in FY 2016.

79 23 regents to employ persons appointed to serve as mental health  
79 24 advocates.

79 25 2. Training persons appointed to serve as mental health  
79 26 advocates.

79 27 3. Implementing procedures for the responsibilities  
79 28 performed by persons appointed to serve as mental health  
79 29 advocates and for reassigning advocate responsibilities based  
79 30 on the location of the patient's placement or other patient  
79 31 need. The court shall be notified of any reassignment. The  
79 32 procedures for appointing a person to a vacant mental health  
79 33 advocate position assigned to a geographic area shall require  
79 34 the person appointed to the vacant position to reside within  
79 35 the assigned geographic area.

80 1 4. Administering program additions and expansions,  
80 2 including providing advocate services for persons with a  
80 3 substance-related disorder and persons found not guilty  
80 4 by reason of insanity, if such additions or expansions are  
80 5 authorized and funded.

80 6 5. Developing and implementing a case weight system for use  
80 7 in appointing and compensating advocates.

80 8 6. Administering case reviews and audits.

80 9 7. Implementing a uniform description of the duties  
80 10 of mental health advocates, based upon the best practices  
80 11 developed and promulgated by the judicial council pursuant to  
80 12 section 229.19, subsection 1, paragraph "c".

80 13 Sec. 77. TRANSITION.

80 14 1. The department of inspections and appeals shall commence  
80 15 organizational activities during the fiscal year beginning July  
80 16 1, 2014, as necessary to fully implement this division and  
80 17 assume responsibility for mental health advocates as provided  
80 18 in this division and division II of this Act on July 1, 2015.

80 19 2. If necessary for the purposes of subsection 1, the  
80 20 department of inspections and appeals may adopt emergency  
80 21 rules under section 17A.4, subsection 3, and section 17A.5,  
80 22 subsection 2, paragraph "b", to implement the provisions of  
80 23 division II of this Act on July 1, 2015, and the rules shall  
80 24 be effective immediately upon filing unless a later date is  
80 25 specified in the rules. Any rules adopted in accordance with  
80 26 this section shall also be published as a notice of intended  
80 27 action as provided in section 17A.4.

80 28 DIVISION XVI  
80 29 IMPLEMENTATION — MENTAL HEALTH ADVOCATES

80 30 Sec. 78. Section 225C.4, subsection 1, paragraph m, Code  
80 31 2014, is amended to read as follows:

80 32 m. Provide consultation and technical assistance to  
80 33 ~~patients'~~ mental health advocates appointed pursuant to  
80 34 section 229.19, in cooperation with the judicial branch and the

CODE: Implements the new Division of Mental Health Advocates and makes conforming Code changes to shift the Advocates under the new Division beginning July 1, 2015.

80 35 ~~department of inspections and appeals,~~ and to the certified  
81 1 volunteer long-term care ombudsmen certified pursuant to  
81 2 section 231.45.  
81 3 Sec. 79. Section 226.31, Code 2014, is amended to read as  
81 4 follows:  
81 5 226.31 EXAMINATION BY COURT — NOTICE.  
81 6 Before granting the order authorized in section 226.30  
81 7 the court or judge shall investigate the allegations of the  
81 8 petition and before proceeding to a hearing on the allegations  
81 9 shall require notice to be served on the attorney who  
81 10 represented the patient in any prior proceedings under sections  
81 11 229.6 to 229.15 ~~or the~~ and to any mental health advocate  
81 12 appointed for the patient under section 229.19, or in the case  
81 13 of a patient who entered the hospital voluntarily, on any  
81 14 relative, friend, or guardian of the person in question of the  
81 15 filing of the application. At the hearing the court or judge  
81 16 shall appoint a guardian ad litem for the person, if the court  
81 17 or judge deems such action necessary to protect the rights  
81 18 of the person. The guardian ad litem shall be a practicing  
81 19 attorney.  
81 20 Sec. 80. Section 229.2, subsection 1, paragraph b,  
81 21 subparagraph (6), Code 2014, is amended to read as follows:  
81 22 (6) Upon approval of the admission of a minor over the  
81 23 minor's objections, the juvenile court shall appoint an  
81 24 individual to act as an advocate representing the interests  
81 25 of the minor in the same manner as ~~an~~ a mental health  
81 26 advocate representing the interests of patients involuntarily  
81 27 hospitalized ~~pursuant to~~ in accordance with section 229.19.  
81 28 Sec. 81. Section 229.9A, Code 2014, is amended to read as  
81 29 follows:  
81 30 ~~229.9A—ADVOCATE~~ MENTAL HEALTH ADVOCATE INFORMED ~~HEARINGS~~ =====  
81 31 ~~HEARINGS~~ shall direct the clerk to furnish the mental health  
81 32 ~~advocate of the respondent's county of residence~~ designated for  
81 33 the court by the department of inspections and appeals with a  
81 34 copy of application and any order issued pursuant to section  
81 35 229.8, subsection 3. The mental health advocate designated for  
82 1 the court may attend ~~the hospitalization~~ any court hearing of  
82 2 ~~any involving the~~ respondent for whom the ~~advocate has received~~  
82 3 ~~notice of a hospitalization hearing.~~  
82 4 Sec. 82. Section 229.12, subsection 2, Code 2014, is amended  
82 5 to read as follows:  
82 6 2. All persons not necessary for the conduct of the  
82 7 proceeding shall be excluded, except that the court may admit  
82 8 persons having a legitimate interest in the proceeding and  
82 9 shall permit the mental health advocate ~~from the respondent's~~  
82 10 ~~county of residence~~ designated for the court by the department  
82 11 of inspections and appeals to attend the hearing. Upon motion  
82 12 of the county attorney, the judge may exclude the respondent

82 13 from the hearing during the testimony of any particular witness  
 82 14 if the judge determines that witness's testimony is likely to  
 82 15 cause the respondent severe emotional trauma.

82 16 Sec. 83. Section 229.14A, subsection 1, Code 2014, is  
 82 17 amended to read as follows:

82 18 1. With respect to a chief medical officer's report made  
 82 19 pursuant to section 229.14, subsection 1, paragraph "b", "c",  
 82 20 or "d", or any other provision of this chapter related to  
 82 21 involuntary commitment for which the court issues a placement  
 82 22 order or a transfer of placement is authorized, the court shall  
 82 23 provide notice to the respondent, ~~and~~ the respondent's attorney  
 82 24 ~~or, and any~~ mental health advocate appointed for the respondent  
 82 25 pursuant to section 229.19 concerning the placement order  
 82 26 and the respondent's right to request a placement hearing to  
 82 27 determine if the order for placement or transfer of placement  
 82 28 is appropriate.

82 29 Sec. 84. Section 229.14A, subsection 5, paragraph c, Code  
 82 30 2014, is amended to read as follows:

82 31 c. If the respondent's attorney has withdrawn ~~pursuant to~~  
 82 32 ~~section 229.19~~, the court shall appoint an attorney for the  
 82 33 respondent in the manner described in section 229.8, subsection  
 82 34 1.

82 35 Sec. 85. Section 229.15, subsection 6, Code 2014, is amended  
 83 1 to read as follows:

83 2 6. Upon receipt of any report required or authorized by  
 83 3 this section the court shall furnish a copy to the patient's  
 83 4 attorney, ~~or alternatively~~ and to the mental health advocate  
 83 5 ~~appointed as required by section 229.19 for the patient~~. The  
 83 6 court shall examine the report and take the action thereon  
 83 7 which it deems appropriate. Should the court fail to receive  
 83 8 any report required by this section or section 229.14 at the  
 83 9 time the report is due, the court shall investigate the reason  
 83 10 for the failure to report and take whatever action may be  
 83 11 necessary in the matter.

83 12 Sec. 86. Section 229.19, Code 2014, is amended to read as  
 83 13 follows:

83 14 ~~229.19 ADVOCATES MENTAL HEALTH ADVOCATES — DUTIES —~~  
 83 15 ~~COMPENSATION — STATE AND COUNTY LIABILITY .~~

83 16 1. a. ~~In each county with a population of three hundred~~  
 83 17 ~~thousand or more inhabitants the board of supervisors shall~~  
 83 18 ~~appoint an individual who has demonstrated by prior activities~~  
 83 19 ~~an informed concern for the welfare and rehabilitation of~~  
 83 20 ~~persons with mental illness, and who is not an officer or~~  
 83 21 ~~employee of the department of human services nor of any agency~~  
 83 22 ~~or facility providing care or treatment to persons with mental~~  
 83 23 ~~illness, to act as an advocate representing the interests of~~  
 83 24 ~~patients involuntarily hospitalized by the court, in any matter~~  
 83 25 ~~relating to the patients' hospitalization or treatment under~~

83 26 ~~section 229.14 or 229.15. In each county with a population of~~  
83 27 ~~under three hundred thousand inhabitants, the chief judge of~~  
83 28 ~~the judicial district encompassing the county shall appoint~~  
83 29 ~~the advocate. For the purposes of this section, "division"~~  
83 30 ~~means the mental health advocate division of the department of~~  
83 31 ~~inspections and appeals.~~

83 32 ~~—b. The court or, if the advocate is appointed by the county~~  
83 33 ~~board of supervisors, the board shall assign the advocate~~  
83 34 ~~appointed from a patient's county of residence to represent~~  
83 35 ~~the interests of the patient. If a patient has no county of~~  
84 1 ~~residence or the patient is a state case, the court or, if the~~  
84 2 ~~advocate is appointed by the county board of supervisors, the~~  
84 3 ~~board shall assign the advocate appointed from the county where~~  
84 4 ~~the hospital or facility is located to represent the interests~~  
84 5 ~~of the patient.~~

84 6 ~~—c. The advocate's responsibility with respect to any patient~~  
84 7 ~~shall begin at whatever time the attorney employed or appointed~~  
84 8 ~~to represent that patient as respondent in hospitalization~~  
84 9 ~~proceedings, conducted under sections 229.6 to 229.13, reports~~  
84 10 ~~to the court that the attorney's services are no longer~~  
84 11 ~~required and requests the court's approval to withdraw as~~  
84 12 ~~counsel for that patient. However, if~~

84 13 ~~\_\_b. If the patient is found to be seriously mentally impaired~~  
84 14 ~~at the hospitalization hearing, the attorney representing the~~  
84 15 ~~patient shall automatically be relieved of responsibility in~~  
84 16 ~~the case and an a mental health advocate shall be assigned to~~  
84 17 ~~appointed for the patient at the conclusion of the hearing~~  
84 18 ~~unless the attorney indicates an intent to continue the~~  
84 19 ~~attorney's services and, The court shall notify the division~~  
84 20 ~~of the court's finding and the division shall appoint an~~  
84 21 ~~advocate for the patient. The advocate's responsibility with~~  
84 22 ~~respect to a patient shall begin when the advocate is appointed~~  
84 23 ~~for the patient. The attorney representing the patient shall~~  
84 24 ~~automatically be relieved of responsibility at the conclusion~~  
84 25 ~~of the hearing unless the attorney requests to continue~~  
84 26 ~~representation and the court so directs authorizes the attorney~~  
84 27 ~~to remain on the case. If the court directs the attorney to~~  
84 28 ~~remain on the case, the attorney shall ~~assume all the duties~~~~  
84 29 ~~of an advocate cooperate with the advocate appointed for the~~  
84 30 ~~patient. The clerk shall furnish the advocate with a copy of~~  
84 31 ~~the court's order approving the withdrawal or continuation of~~  
84 32 ~~the attorney and shall inform the patient of the name of the~~  
84 33 ~~patient's advocate.~~

84 34 ~~—d. c. With regard to each patient ~~whose interests the~~~~  
84 35 ~~for whom a mental health advocate is required to represent~~  
85 1 ~~appointed pursuant to this section, the advocate's duties shall~~  
85 2 ~~include all of the following:~~

85 3 (1) To review each report submitted pursuant to sections

85 4 229.14 and 229.15.

85 5 (2) ~~If the advocate is not an attorney, to~~ To advise the  
85 6 court at any time it appears that the services of an attorney  
85 7 are required to properly safeguard the patient's interests.

85 8 (3) To be readily accessible to communications from the  
85 9 patient and to originate communications with the patient within  
85 10 five days of the patient's commitment.

85 11 (4) To visit the patient within fifteen days of the  
85 12 patient's commitment and periodically thereafter.

85 13 (5) To communicate with medical personnel treating the  
85 14 patient and to review the patient's medical records pursuant  
85 15 to section 229.25.

85 16 (6) To file with the court and the division quarterly  
85 17 reports, and additional reports as the advocate feels necessary  
85 18 or as required by the ~~court~~ division, in a form prescribed by  
85 19 the ~~court~~ division. The reports shall state what actions the  
85 20 advocate has taken with respect to each patient and the amount  
85 21 of time spent.

85 22 (7) To utilize the related best practices for the duties  
85 23 identified in this paragraph "~~d~~" "c" developed and promulgated  
85 24 by the judicial council.

85 25 ~~e. d.~~ An Subject to the availability of funding  
85 26 appropriated for this purpose, a mental health advocate may  
85 27 also be appointed pursuant to this section for an individual  
85 28 who has been diagnosed with a co-occurring mental illness and  
85 29 substance-related disorder.

85 30 2. The hospital or facility to which a patient is committed  
85 31 shall grant all reasonable requests of the patient's mental  
85 32 health advocate to visit the patient, to communicate with  
85 33 medical personnel treating the patient, and to review the  
85 34 patient's medical records pursuant to section 229.25. An  
85 35 advocate shall not disseminate information from a patient's  
86 1 medical records to any other person unless done for official  
86 2 purposes in connection with the advocate's duties pursuant to  
86 3 this chapter or when required by law.

86 4 3. ~~The court or, if the advocate is appointed by the county~~  
86 5 ~~board of supervisors, the board~~ division shall prescribe  
86 6 provide reasonable compensation for the services of the  
86 7 advocate in accordance with section 10A.902. ~~The compensation~~  
86 8 ~~shall be based upon the reports filed by the advocate with~~  
86 9 ~~the court. The advocate's compensation shall be paid by the~~  
86 10 ~~county in which the court is located, either on order of the~~  
86 11 ~~court or, if the advocate is appointed by the county board of~~  
86 12 ~~supervisors, on the direction of the board. If the advocate~~  
86 13 ~~is appointed by the court, the advocate is an employee of~~  
86 14 ~~the state for purposes of chapter 660. If the advocate is~~  
86 15 ~~appointed by the county board of supervisors, the advocate is~~  
86 16 ~~an employee of the county for purposes of chapter 670. If the~~

86 17 patient or the person who is legally liable for the patient's  
 86 18 support is not indigent, the ~~board division~~ shall recover  
 86 19 the costs of compensating the advocate from that person. If  
 86 20 ~~that person has an income level as determined pursuant to~~  
 86 21 ~~section 815.9 greater than one hundred percent but not more~~  
 86 22 ~~than one hundred fifty percent of the poverty guidelines,~~  
 86 23 ~~at least one hundred dollars of the advocate's compensation~~  
 86 24 ~~shall be recovered in the manner prescribed by the county~~  
 86 25 ~~board of supervisors. If that person has an income level as~~  
 86 26 ~~determined pursuant to section 815.9 greater than one hundred~~  
 86 27 ~~fifty percent of the poverty guidelines, at least two hundred~~  
 86 28 ~~dollars of the advocate's compensation shall be recovered in~~  
 86 29 ~~substantially the same manner prescribed by the county board of~~  
 86 30 ~~supervisors as provided in section 815.9.~~

86 31 Sec. 87. Section 229.25, subsection 1, paragraph a,  
 86 32 subparagraph (1), Code 2014, is amended to read as follows:

86 33 (1) The information is requested by a licensed physician,  
 86 34 attorney, or the mental health advocate who provides appointed  
 86 35 for the person. The requester must provide the chief medical  
 87 1 officer with a written waiver signed by the person about whom  
 87 2 the information is sought.

87 3 Sec. 88. APPOINTMENT OF MENTAL HEALTH ADVOCATES. The  
 87 4 persons appointed to provide mental health advocate services  
 87 5 under section 229.19 immediately prior to July 1, 2015, shall  
 87 6 be appointed as mental health advocates pursuant to section  
 87 7 10A.902, effective July 1, 2015.

87 8 Sec. 89. EFFECTIVE DATE. This division of this Act takes  
 87 9 effect July 1, 2015.

This Division implementing the new Division of Mental Health  
 Advocates is effective July 1, 2015.

87 10 DIVISION XVII  
 87 11 PRIOR AUTHORIZATION

87 12 Sec. 90. NEW SECTION 505.26 PRIOR AUTHORIZATION FOR  
 87 13 PRESCRIPTION DRUG BENEFITS — STANDARD PROCESS AND FORM.

87 14 1. As used in this section:

87 15 a. "Facility" means an institution providing health care  
 87 16 services or a health care setting, including but not limited  
 87 17 to hospitals and other licensed inpatient centers, ambulatory  
 87 18 surgical or treatment centers, skilled nursing centers,  
 87 19 residential treatment centers, diagnostic, laboratory, and  
 87 20 imaging centers, and rehabilitation and other therapeutic  
 87 21 health settings.

87 22 b. "Health benefit plan" means a policy, contract,  
 87 23 certificate, or agreement offered or issued by a health carrier  
 87 24 to provide, deliver, arrange for, pay for, or reimburse any of  
 87 25 the costs of health care services.

CODE: The Commissioner of Insurance is required to develop a  
 standard form to obtain prior authorization for prescription drug benefits  
 under a health benefit plan by January 1, 2015. Before developing the  
 process and form, the Commissioner is required to hold at least one  
 public hearing to obtain input from interested parties. The form must  
 not exceed two pages in length and must be available and  
 transmissible in an electronic format.

Health care providers are required to use and submit the standard prior  
 authorization form, beginning July 1, 2015. The standard prior  
 authorization process must include the capability of electronic  
 submissions, 180-day prior authorization approvals, substitution of  
 generic drugs, internet access to prior authorization requirements, such  
 as listing of drugs and understandable clinical criteria for authorization

and reauthorization, and an appeal process.

- 87 26 c. "Health care professional" means a physician or other  
87 27 health care practitioner licensed, accredited, registered, or  
87 28 certified to perform specified health care services consistent  
87 29 with state law.
- 87 30 d. "Health care provider" means a health care professional  
87 31 or a facility.
- 87 32 e. "Health care services" means services for the diagnosis,  
87 33 prevention, treatment, cure, or relief of a health condition,  
87 34 illness, injury, or disease.
- 87 35 f. "Health carrier" means an entity subject to the insurance  
88 1 laws of this state, or subject to the jurisdiction of the  
88 2 commissioner, including an insurance company offering sickness  
88 3 and accident plans, a health maintenance organization, a  
88 4 nonprofit health service corporation, a plan established  
88 5 pursuant to chapter 509A for public employees, or any other  
88 6 entity providing a plan of health insurance, health care  
88 7 benefits, or health care services. "Health carrier" includes,  
88 8 for purposes of this section, an organized delivery system.
- 88 9 g. "Pharmacy benefits manager" means the same as defined in  
88 10 section 510B.1.
- 88 11 2. The commissioner shall develop, by rule, a standard prior  
88 12 authorization process and form for use by health carriers and  
88 13 pharmacy benefits managers that require prior authorization for  
88 14 prescription drug benefits pursuant to a health benefit plan,  
88 15 by January 1, 2015.
- 88 16 3. Prior to development of the standard prior authorization  
88 17 process and form, the commissioner shall hold at least one  
88 18 public hearing to gather input in developing the standard  
88 19 process and form from interested parties.
- 88 20 4. The standard prior authorization process shall meet all  
88 21 of the following requirements:
- 88 22 a. Health carriers and pharmacy benefits managers shall  
88 23 allow health care providers to submit a prior authorization  
88 24 request electronically.
- 88 25 b. Health carriers and pharmacy benefits managers shall  
88 26 provide that approval of a prior authorization request shall be  
88 27 valid for a minimum of one hundred eighty days.
- 88 28 c. Health carriers and pharmacy benefits managers shall  
88 29 ensure that the prior authorization process allows a health  
88 30 carrier or pharmacy benefits manager to substitute a generic  
88 31 drug for a previously approved brand-name drug with the health  
88 32 care provider's approval and the patient's consent.
- 88 33 d. Health carriers and pharmacy benefits managers shall make  
88 34 the following available and accessible on their internet sites:
- 88 35 (1) Prior authorization requirements and restrictions,  
89 1 including a list of drugs that require prior authorization.
- 89 2 (2) Clinical criteria that are easily understandable  
89 3 to health care providers, including clinical criteria for

89 4 reauthorization of a previously approved drug after the prior  
89 5 authorization period has expired.

89 6 (3) Standards for submitting and considering requests,  
89 7 including evidence-based guidelines, when possible, for making  
89 8 prior authorization determinations.

89 9 e. Health carriers and pharmacy benefits managers shall  
89 10 provide a process for health care providers to appeal a prior  
89 11 authorization determination.

89 12 5. In adopting an electronic prior authorization standard,  
89 13 the commissioner shall consider national standards pertaining  
89 14 to electronic prior authorization, such as those developed by  
89 15 the national council for prescription drug programs.

89 16 6. The standard prior authorization form shall meet all of  
89 17 the following requirements:

89 18 a. Not exceed two pages in length.  
89 19 b. Be available in an electronic format.  
89 20 c. Be transmissible in an electronic format.

89 21 7. Health carriers and pharmacy benefits managers shall use  
89 22 and accept the standard prior authorization form beginning on  
89 23 July 1, 2015. Health care providers shall use and submit the  
89 24 standard prior authorization form, when prior authorization is  
89 25 required by a health benefit plan, beginning on July 1, 2015.

89 26 8. a. If a health carrier or pharmacy benefits manager  
89 27 fails to use or accept the standard prior authorization form  
89 28 or to respond to a health care provider's request for prior  
89 29 authorization of prescription drug benefits within seventy-two  
89 30 hours of the health care provider's submission of the form,  
89 31 the request for prior authorization shall be considered to be  
89 32 approved.

89 33 b. However, if the prior authorization request is  
89 34 incomplete, the health carrier or pharmacy benefits manager may  
89 35 request the additional information within the seventy-two-hour  
90 1 period and once the additional information is provided the  
90 2 provisions of paragraph "a" shall again apply.

## Summary Data

### General Fund

	<u>Actual FY 2013 (1)</u>	<u>Estimated FY 2014 (2)</u>	<u>Gov Rec FY 2015 (3)</u>	<u>House Action FY 2015 (4)</u>	<u>House Action vs. Est 2014 (5)</u>	<u>Page and Line # (6)</u>
Health and Human Services	\$ 1,730,727,409	\$ 1,750,974,923	\$ 1,859,303,019	\$ 1,858,353,019	\$ 107,378,096	
<b>Grand Total</b>	<u>\$ 1,730,727,409</u>	<u>\$ 1,750,974,923</u>	<u>\$ 1,859,303,019</u>	<u>\$ 1,858,353,019</u>	<u>\$ 107,378,096</u>	

## Health and Human Services General Fund

	Actual FY 2013 <u>(1)</u>	Estimated FY 2014 <u>(2)</u>	Gov Rec FY 2015 <u>(3)</u>	House Action FY 2015 <u>(4)</u>	House Action vs. Est 2014 <u>(5)</u>	Page and Line # <u>(6)</u>
<b><u>Aging, Dept. on</u></b>						
<b>Aging, Dept. on</b>						
Aging Programs	\$ 10,342,086	\$ 10,606,066	\$ 10,931,066	\$ 10,606,066	\$ 0	PG 1 LN 5
Office of Long-Term Care Resident's Advocate	0	1,021,707	929,315	821,707	-200,000	PG 3 LN 7
<b>Total Aging, Dept. on</b>	<b>\$ 10,342,086</b>	<b>\$ 11,627,773</b>	<b>\$ 11,860,381</b>	<b>\$ 11,427,773</b>	<b>\$ -200,000</b>	
<b><u>Public Health, Dept. of</u></b>						
<b>Public Health, Dept. of</b>						
Addictive Disorders	\$ 23,863,690	\$ 27,163,690	\$ 27,088,690	\$ 27,088,690	\$ -75,000	PG 4 LN 3
Healthy Children and Families	2,603,559	3,653,559	3,628,559	3,671,602	18,043	PG 8 LN 17
Chronic Conditions	3,905,429	5,080,692	5,040,692	5,040,692	-40,000	
Community Capacity	4,869,980	8,562,617	9,562,617	9,284,436	721,819	PG 13 LN 1
Healthy Aging	7,297,142	7,297,142	7,297,142	7,297,142	0	PG 19 LN 11
Environmental Hazards	803,870	803,870	803,870	803,870	0	PG 19 LN 18
Infectious Diseases	1,335,155	1,335,155	1,335,155	1,335,155	0	PG 19 LN 27
Public Protection	2,779,127	3,278,771	3,297,127	3,420,027	141,256	PG 19 LN 34
Resource Management	804,054	855,072	920,072	855,072	0	PG 20 LN 35
Iowa Youth Suicide Prevention	50,000	0	0	0	0	
<b>Total Public Health, Dept. of</b>	<b>\$ 48,312,006</b>	<b>\$ 58,030,568</b>	<b>\$ 58,973,924</b>	<b>\$ 58,796,686</b>	<b>\$ 766,118</b>	
<b><u>Veterans Affairs, Dept. of</u></b>						
<b>Veterans Affairs, Department of</b>						
General Administration	\$ 1,025,819	\$ 1,095,951	\$ 1,095,951	\$ 1,095,951	\$ 0	PG 21 LN 22
War Orphans Educational Assistance	12,416	0	0	0	0	
Vets Home Ownership Program	1,600,000	1,600,000	2,500,000	2,500,000	900,000	PG 22 LN 14
Veterans County Grants	990,000	990,000	990,000	990,000	0	PG 22 LN 21
<b>Total Veterans Affairs, Department of</b>	<b>\$ 3,628,235</b>	<b>\$ 3,685,951</b>	<b>\$ 4,585,951</b>	<b>\$ 4,585,951</b>	<b>\$ 900,000</b>	
<b>Veterans Affairs, Dept. of</b>						
Iowa Veterans Home	\$ 8,025,714	\$ 7,594,996	\$ 7,594,996	\$ 7,594,996	\$ 0	PG 21 LN 29
<b>Total Veterans Affairs, Dept. of</b>	<b>\$ 11,653,949</b>	<b>\$ 11,280,947</b>	<b>\$ 12,180,947</b>	<b>\$ 12,180,947</b>	<b>\$ 900,000</b>	

## Health and Human Services General Fund

	Actual FY 2013 <u>(1)</u>	Estimated FY 2014 <u>(2)</u>	Gov Rec FY 2015 <u>(3)</u>	House Action FY 2015 <u>(4)</u>	House Action vs. Est 2014 <u>(5)</u>	Page and Line # <u>(6)</u>
<b>Human Services, Dept. of</b>						
<b>Assistance</b>						
Family Investment Program/JOBS	\$ 48,397,214	\$ 48,503,875	\$ 48,503,875	\$ 48,503,875	\$ 0	PG 31 LN 14
Medical Assistance	975,993,421	1,144,208,805	962,091,053	1,248,320,932	104,112,127	PG 34 LN 32
Medical Contracts	5,791,994	12,320,048	16,323,366	17,148,576	4,828,528	PG 36 LN 28
State Supplementary Assistance	15,450,747	16,516,858	14,121,154	14,121,154	-2,395,704	PG 38 LN 6
State Children's Health Insurance	36,806,102	36,817,261	45,877,998	45,877,998	9,060,737	PG 39 LN 3
Child Care Assistance	62,264,342	62,735,563	57,925,206	45,622,828	-17,112,735	PG 39 LN 30
Child and Family Services	81,231,561	91,329,427	91,762,511	95,535,703	4,206,276	PG 45 LN 13
Adoption Subsidy	37,743,429	40,729,282	42,580,749	42,580,749	1,851,467	PG 52 LN 17
Family Support Subsidy	1,096,784	1,093,288	1,079,739	1,079,739	-13,549	PG 53 LN 8
Connors Training	33,622	33,632	33,632	33,632	0	PG 53 LN 34
MI/MR/DD State Cases	11,150,820	0	0	0	0	
MH/DD Community Services	14,211,100	0	0	0	0	
Volunteers	84,660	84,686	84,686	84,686	0	PG 59 LN 6
MH/DD Growth Factor	74,697,893	0	0	0	0	
Juvenile CINA/Female Adj. Delinquent Placements	0	0	5,110,534	5,110,534	5,110,534	PG 43 LN 30
MH Property Tax Relief	81,199,911	0	0	0	0	
Mental Health Redesign	40,000,000	0	279,826,402	0	0	
MHDS Equalization	0	29,820,478	29,820,478	30,555,823	735,345	PG 69 LN 9
Food Bank Assistance	1,000,000	0	0	0	0	
<b>Total Assistance</b>	<b>\$ 1,487,153,600</b>	<b>\$ 1,484,193,203</b>	<b>\$ 1,595,141,383</b>	<b>\$ 1,594,576,229</b>	<b>\$ 110,383,026</b>	
<b>Toledo Juvenile Home</b>						
Toledo Juvenile Home	\$ 8,297,765	\$ 8,867,121	\$ 788,531	\$ 788,531	\$ -8,078,590	PG 42 LN 34
<b>Eldora Training School</b>						
Eldora Training School	\$ 10,680,143	\$ 11,268,202	\$ 11,500,098	\$ 11,500,098	\$ 231,896	PG 43 LN 12
<b>Cherokee</b>						
Cherokee MHI	\$ 5,535,738	\$ 5,964,737	\$ 6,031,934	\$ 6,031,934	\$ 67,197	PG 54 LN 19
<b>Clarinda</b>						
Clarinda MHI	\$ 6,442,688	\$ 6,757,689	\$ 6,787,309	\$ 6,787,309	\$ 29,620	PG 54 LN 25
<b>Independence</b>						
Independence MHI	\$ 9,738,520	\$ 10,334,082	\$ 10,484,386	\$ 10,484,386	\$ 150,304	PG 54 LN 31
<b>Mt Pleasant</b>						
Mt Pleasant MHI	\$ 885,459	\$ 1,374,061	\$ 1,417,796	\$ 1,417,796	\$ 43,735	PG 55 LN 2

## Health and Human Services General Fund

	Actual FY 2013 <u>(1)</u>	Estimated FY 2014 <u>(2)</u>	Gov Rec FY 2015 <u>(3)</u>	House Action FY 2015 <u>(4)</u>	House Action vs. Est 2014 <u>(5)</u>	Page and Line # <u>(6)</u>
<b>Glenwood</b>						
Glenwood Resource Center	\$ 18,866,116	\$ 20,349,122	\$ 21,695,266	\$ 21,695,266	\$ 1,346,144	PG 55 LN 17
<b>Woodward</b>						
Woodward Resource Center	\$ 13,033,115	\$ 14,286,191	\$ 14,855,693	\$ 14,855,693	\$ 569,502	PG 55 LN 21
<b>Cherokee CCUSO</b>						
Civil Commitment Unit for Sexual Offenders	\$ 8,899,686	\$ 9,425,568	\$ 9,923,563	\$ 9,923,563	\$ 497,995	PG 56 LN 23
<b>Field Operations</b>						
Child Support Recoveries	\$ 13,149,541	\$ 14,215,081	\$ 14,911,230	\$ 14,911,230	\$ 696,149	PG 33 LN 15
Field Operations	<u>61,636,313</u>	<u>66,670,976</u>	<u>66,670,976</u>	<u>66,670,976</u>	<u>0</u>	PG 57 LN 15
<b>Total Field Operations</b>	<u>\$ 74,785,854</u>	<u>\$ 80,886,057</u>	<u>\$ 81,582,206</u>	<u>\$ 81,582,206</u>	<u>\$ 696,149</u>	
<b>General Administration</b>						
General Administration	<u>\$ 16,100,684</u>	<u>\$ 16,329,602</u>	<u>\$ 16,079,602</u>	<u>\$ 16,304,602</u>	<u>\$ -25,000</u>	PG 58 LN 11
<b>Total Human Services, Dept. of</b>	<u>\$ 1,660,419,368</u>	<u>\$ 1,670,035,635</u>	<u>\$ 1,776,287,767</u>	<u>\$ 1,775,947,613</u>	<u>\$ 105,911,978</u>	
<b>Total Health and Human Services</b>	<u><u>\$ 1,730,727,409</u></u>	<u><u>\$ 1,750,974,923</u></u>	<u><u>\$ 1,859,303,019</u></u>	<u><u>\$ 1,858,353,019</u></u>	<u><u>\$ 107,378,096</u></u>	

## Summary Data

### Other Funds

	<u>Actual FY 2013 (1)</u>	<u>Estimated FY 2014 (2)</u>	<u>Gov Rec FY 2015 (3)</u>	<u>House Action FY 2015 (4)</u>	<u>House Action vs. Est 2014 (5)</u>	<u>Page and Line # (6)</u>
Health and Human Services	\$ 401,397,067	\$ 474,751,524	\$ 423,398,034	\$ 431,756,222	\$ -42,995,302	
<b>Grand Total</b>	<u>\$ 401,397,067</u>	<u>\$ 474,751,524</u>	<u>\$ 423,398,034</u>	<u>\$ 431,756,222</u>	<u>\$ -42,995,302</u>	

## Health and Human Services Other Funds

	Actual FY 2013 <u>(1)</u>	Estimated FY 2014 <u>(2)</u>	Gov Rec FY 2015 <u>(3)</u>	House Action FY 2015 <u>(4)</u>	House Action vs. Est 2014 <u>(5)</u>	Page and Line # <u>(6)</u>
<b>Human Services, Dept. of</b>						
<b>General Administration</b>						
FIP-TANF	\$ 19,790,365	\$ 18,116,948	\$ 14,231,391	\$ 9,879,488	\$ -8,237,460	PG 23 LN 13
Promise Jobs-TANF	12,411,528	11,866,439	11,091,911	11,091,911	-774,528	PG 23 LN 18
FaDDS-TANF	2,898,980	2,898,980	2,898,980	2,898,980	0	PG 23 LN 24
Field Operations-TANF	31,296,232	31,296,232	31,296,232	31,296,232	0	PG 24 LN 1
General Administration-TANF	3,744,000	3,744,000	3,744,000	3,744,000	0	PG 24 LN 4
Child Care Assistance -TANF	16,382,687	25,732,687	27,947,110	35,047,110	9,314,423	PG 24 LN 7
MH/DD Comm. Services-TANF	4,894,052	4,894,052	4,894,052	4,894,052	0	PG 26 LN 2
Child & Family Services-TANF	32,084,430	32,084,430	32,084,430	32,084,430	0	PG 26 LN 7
Child Abuse Prevention-TANF	125,000	125,000	125,000	125,000	0	PG 26 LN 10
Training & Technology-TANF	1,037,186	1,037,186	1,037,186	1,037,186	0	PG 26 LN 30
0-5 Children-TANF	6,350,000	0	0	0	0	
FIP Eligibility System-TANF	0	5,050,451	939,458	6,549,549	1,499,098	PG 27 LN 5
<b>Total General Administration</b>	<b>\$ 131,014,460</b>	<b>\$ 136,846,405</b>	<b>\$ 130,289,750</b>	<b>\$ 138,647,938</b>	<b>\$ 1,801,533</b>	

## Health and Human Services Other Funds

	Actual FY 2013 <u>(1)</u>	Estimated FY 2014 <u>(2)</u>	Gov Rec FY 2015 <u>(3)</u>	House Action FY 2015 <u>(4)</u>	House Action vs. Est 2014 <u>(5)</u>	Page and Line # <u>(6)</u>
<b>Assistance</b>						
Pregnancy Prevention-TANF	\$ 1,930,067	\$ 1,930,067	\$ 1,930,067	\$ 1,930,067	\$ 0	PG 26 LN 13
Promoting Healthy Marriage - TANF	25,000	25,000	25,000	25,000	0	PG 28 LN 5
Medical Assistance - HCTF	106,046,400	224,446,400	221,790,000	221,790,000	-2,656,400	PG 34 LN 21
Medical Contracts-Pharm Settlement - PhSA	4,805,804	6,650,000	5,467,564	5,467,564	-1,182,436	PG 64 LN 28
Broadlawns Hospital - ICA	71,000,000	35,500,000	0	0	-35,500,000	
Regional Provider Network - ICA	4,986,366	2,993,183	0	0	-2,993,183	
Nonparticipating Providers - NPPR	2,000,000	1,000,000	0	0	-1,000,000	
Medical Information Hotline - HCTA	100,000	0	0	0	0	
Health Partnership Activities - HCTA	600,000	0	0	0	0	
Audits, Performance Eval., Studies - HCTA	125,000	0	0	0	0	
IowaCare Admin. Costs - HCTA	1,132,412	0	0	0	0	
Dental Home for Children - HCTA	1,000,000	0	0	0	0	
MH/DD Workforce Development - HCTA	50,000	0	0	0	0	
Medical Contracts - HCTA	2,400,000	0	0	0	0	
Broadlawns Admin - HCTA	540,000	0	0	0	0	
Medical Assistance - QATF	26,500,000	28,788,917	29,195,653	29,195,653	406,736	PG 65 LN 8
Medical Assistance - HHCAT	33,898,400	34,288,000	34,700,000	34,700,000	412,000	
Nonparticipating Provider Reimb Fund - HHCAT	801,600	412,000	0	0	-412,000	
Electronic Medical Records - HCTA	100,000	0	0	0	0	
Medical Assistance - HCTA	8,360,000	0	0	0	0	
IowaCare Fund - Admin	0	371,552	0	0	-371,552	
Care Coordination - ICA	500,000	0	0	0	0	
Lab Test & Radiology Pool - ICA	2,500,000	1,500,000	0	0	-1,500,000	
Uniform Cost Report - HCTA	150,000	0	0	0	0	
Health Care Access Council - HCTA	134,214	0	0	0	0	
Accountable Care Pilot - HCTA	100,000	0	0	0	0	
DPH Transfer e-Health - HCTA	363,987	0	0	0	0	
DPH Transfer Medical Home - HCTA	233,357	0	0	0	0	
<b>Total Assistance</b>	<u>\$ 270,382,607</u>	<u>\$ 337,905,119</u>	<u>\$ 293,108,284</u>	<u>\$ 293,108,284</u>	<u>\$ -44,796,835</u>	
<b>Total Human Services, Dept. of</b>	<u>\$ 401,397,067</u>	<u>\$ 474,751,524</u>	<u>\$ 423,398,034</u>	<u>\$ 431,756,222</u>	<u>\$ -42,995,302</u>	
<b>Total Health and Human Services</b>	<u><u>\$ 401,397,067</u></u>	<u><u>\$ 474,751,524</u></u>	<u><u>\$ 423,398,034</u></u>	<u><u>\$ 431,756,222</u></u>	<u><u>\$ -42,995,302</u></u>	

## Summary Data

### FTE Positions

	Actual FY 2013 <u>(1)</u>	Estimated FY 2014 <u>(2)</u>	Gov Rec FY 2015 <u>(3)</u>	House Action FY 2015 <u>(4)</u>	House Action vs. Est 2014 <u>(5)</u>	Page and Line # <u>(6)</u>
Health and Human Services	4,909.33	5,344.07	5,117.61	5,239.61	-104.46	
<b>Grand Total</b>	<u>4,909.33</u>	<u>5,344.07</u>	<u>5,117.61</u>	<u>5,239.61</u>	<u>-104.46</u>	

# Health and Human Services

## FTE Positions

	Actual FY 2013 <u>(1)</u>	Estimated FY 2014 <u>(2)</u>	Gov Rec FY 2015 <u>(3)</u>	House Action FY 2015 <u>(4)</u>	House Action vs. Est 2014 <u>(5)</u>	Page and Line # <u>(6)</u>
<b><u>Aging, Dept. on</u></b>						
<b>Aging, Dept. on</b>						
Aging Programs	32.15	25.10	28.00	28.00	2.90	PG 1 LN 5
Office of Long-Term Care Resident's Advocate	0.00	10.90	12.00	11.00	0.10	PG 3 LN 7
<b>Total Aging, Dept. on</b>	<u>32.15</u>	<u>36.00</u>	<u>40.00</u>	<u>39.00</u>	<u>3.00</u>	
<b><u>Public Health, Dept. of</u></b>						
<b>Public Health, Dept. of</b>						
Addictive Disorders	6.69	13.00	10.00	10.00	-3.00	PG 4 LN 3
Healthy Children and Families	8.29	14.00	12.00	12.00	-2.00	PG 8 LN 17
Chronic Conditions	1.89	6.00	5.00	5.00	-1.00	
Community Capacity	9.18	18.25	11.00	11.00	-7.25	PG 13 LN 1
Environmental Hazards	3.52	4.00	4.00	4.00	0.00	PG 19 LN 18
Infectious Diseases	1.53	4.00	4.00	4.00	0.00	PG 19 LN 27
Public Protection	123.49	131.15	131.00	131.00	-0.15	PG 19 LN 34
Resource Management	4.00	5.00	4.00	4.00	-1.00	PG 20 LN 35
<b>Total Public Health, Dept. of</b>	<u>158.59</u>	<u>195.40</u>	<u>181.00</u>	<u>181.00</u>	<u>-14.40</u>	
<b><u>Human Services, Dept. of</u></b>						
<b>Assistance</b>						
Medical Contracts	2.99	0.00	0.00	0.00	0.00	PG 36 LN 28
<b>Toledo Juvenile Home</b>						
Toledo Juvenile Home	108.35	114.00	2.00	2.00	-112.00	PG 42 LN 34
<b>Eldora Training School</b>						
Eldora Training School	159.70	164.30	164.30	164.30	0.00	PG 43 LN 12
<b>Cherokee</b>						
Cherokee MHI	170.65	169.20	169.20	169.20	0.00	PG 54 LN 19
<b>Clarinda</b>						
Clarinda MHI	79.13	86.10	86.10	86.10	0.00	PG 54 LN 25
<b>Independence</b>						
Independence MHI	223.64	233.00	233.00	233.00	0.00	PG 54 LN 31

## Health and Human Services FTE Positions

	Actual FY 2013 <u>(1)</u>	Estimated FY 2014 <u>(2)</u>	Gov Rec FY 2015 <u>(3)</u>	House Action FY 2015 <u>(4)</u>	House Action vs. Est 2014 <u>(5)</u>	Page and Line # <u>(6)</u>
<b>Mt Pleasant</b>						
Mt Pleasant MHI	89.61	97.92	97.92	97.92	0.00	PG 55 LN 2
<b>Glenwood</b>						
Glenwood Resource Center	828.66	859.12	859.12	859.12	0.00	PG 55 LN 17
<b>Woodward</b>						
Woodward Resource Center	648.65	652.47	652.47	652.47	0.00	PG 55 LN 21
<b>Cherokee CCUSO</b>						
Civil Commitment Unit for Sexual Offenders	88.94	124.50	128.50	132.50	8.00	PG 56 LN 23
<b>Field Operations</b>						
Child Support Recoveries	443.47	459.00	459.00	464.00	5.00	PG 33 LN 15
Field Operations	1,601.01	1,810.00	1,727.00	1,837.00	27.00	PG 57 LN 15
<b>Total Field Operations</b>	<u>2,044.48</u>	<u>2,269.00</u>	<u>2,186.00</u>	<u>2,301.00</u>	<u>32.00</u>	
<b>General Administration</b>						
General Administration	261.27	330.06	305.00	309.00	-21.06	PG 58 LN 11
<b>Total Human Services, Dept. of</b>	<u>4,706.09</u>	<u>5,099.67</u>	<u>4,883.61</u>	<u>5,006.61</u>	<u>-93.06</u>	
<b><u>Veterans Affairs, Dept. of</u></b>						
<b>Veterans Affairs, Department of</b>						
General Administration	12.51	13.00	13.00	13.00	0.00	PG 21 LN 22
<b>Total Veterans Affairs, Dept. of</b>	<u>12.51</u>	<u>13.00</u>	<u>13.00</u>	<u>13.00</u>	<u>0.00</u>	
<b>Total Health and Human Services</b>	<u><u>4,909.33</u></u>	<u><u>5,344.07</u></u>	<u><u>5,117.61</u></u>	<u><u>5,239.61</u></u>	<u><u>-104.46</u></u>	